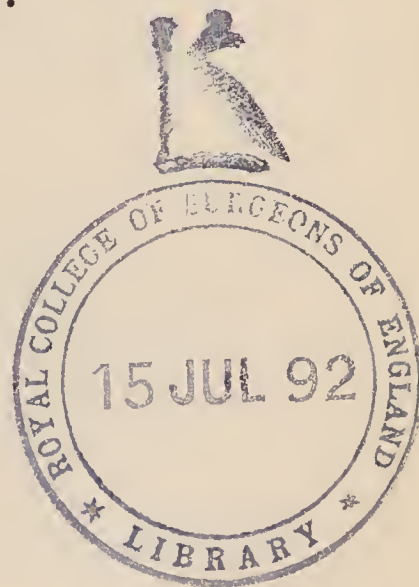


SEVENTY-SEVENTH
ANNUAL REPORT
OF THE
ROYAL EDINBURGH ASYLUM
FOR
THE INSANE.

1889.



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ROYAL EDINBURGH ASYLUM.

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THE DUKE OF BUCCLEUCH AND QUEENSBERRY.

DEPUTY-GOVERNORS.

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THE EARL OF ROSEBURY.

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SHERIFF CRICHTON.

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Lord President of the Court of Session.
Lord Justice-Clerk of the Court of Justiciary.
Lord Advocate of Scotland.
Solicitor-General of Scotland.
Dean of the Faculty of Advocates.
Deputy-Keeper of Her Majesty's Signet.
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Principal of the University of Edinburgh.
President of the Royal College of Physicians.
President of the Royal College of Surgeons.
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David Scott Moncrieff, W.S., *Clerk and Treasurer.*

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ASSISTANT PHYSICIANS.

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THE REV. THOMAS DOWNIE.

HOUSE STEWARD.

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MISS PETER.

MRS MACDOUGALL.

MISS E. MARY PETER.

Resident Clinical Clerks during the Year.

J. CAMERON, M.B. G. R. WILSON, M.B. R. J. DRUMMOND, M.B.

J. HUSKIE, M.B. J. F. PRIDIE, M.B.



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VISITING COMMITTEE.

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Mr Simson.
Mr Todd Lees.
Professor Crum Brown.
Col. Mackay.
Mr Beilby *Convener*.

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Mr Black.
Mr Miller.
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Dr Pringle.
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BUILDING COMMITTEE.

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CHARITY COMMITTEE AND BEVAN FUND COMMITTEE.

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Mr Beilby.
Mr Todd Lees.
Col. Mackay.
Professor Crum Brown *Convener*.

C O N T E N T S.



	PAGE
List of Office-Bearers, &c.	1
Officers of the Institution and Standing Committees... .	2
Report by Ordinary Managers... .	3
Report by the Charity Committee	9
Physician-Superintendent's Annual Report	11
Statistical Tables of the Medico-Psychological Association—	
Table I. Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Year ending 31st December 1889 ...	32
„ IA. Showing the Number of Previous Attacks among Persons Admitted during the Year 1889, distinguishing those Attacks that have been treated to Recovery in this and in other Asylums, or elsewhere ...	33
„ II. Showing the Admissions, Re-Admissions, Discharges, and Deaths for the Seventeen Years, from 31st December 1872 to 31st December 1889 ...	34
„ III. Showing the Admissions, Discharges, and Deaths, with the mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year since the Opening of the Asylum ...	35
„ III. (<i>Continued</i>), The Admissions, Discharges, and Deaths, with the mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year during the Twenty-Six Years 1864-1889 ...	36
„ IV. Showing the History of the Annual Admissions since the Opening of the Asylum, with the Discharges and Deaths, and the Numbers of each Year, for the last Twenty-Six Years, remaining on 31st December 1889. ...	37
„ V. Showing the Causes of Death during the Year 1889, with the Ages at Death ...	38
„ VI. Showing the Length of Residence in those Discharged Recovered, and in those who have Died, during the Year 1889 ...	40
„ VII. Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1889	41
„ VIII. Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died, during the Year 1889, and of those Remaining on 31st December 1889 ...	42

Table	IX. Showing the Condition as to Marriage, on Admission, in the Admissions, Recoveries, and Deaths, during the Year 1889, and of Patients Resident December 31, 1889	... 43
„	X. Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1889	... 44
„	XI. Showing the Form of Mental Disorder on Admission in the Admissions, Recoveries, and Deaths of the Year 1889, and the Form of Mental Disorder of the Inmates on 31st December 1889	... 45
„	XII. Showing the Station or Occupation of Patients Admitted during the Year 1889	... 46
„	XIII. Forms of Insanity in those Admitted—Skæe's Classification	47
„	XIV. State of Bodily Health and Condition of those Admitted	47
„	XV. Religious Persuasion of those Admitted	... 48
„	XVI. Admissions, Discharges, and Deaths of each Month	... 48
„	XVII. Illustrations of Suicidal Tendency in those Admitted	... 49
„	XVIII. Persons Recovered in 1889	... 50
„	XIX. The Number of Pauper Lunatics chargeable to Parishes in the District that were not in the Royal Edinburgh Asylum on the 1st January 1890	... 50
	Reports of the Commissioners in Lunacy	... 51
	Abstract of the Treasurer's Accounts of Intromissions for the Year 1889	... 57
	Abstract of Ordinary Receipts and of Ordinary and Extraordinary Payments of the East House, including Craig House and Myreside Cottage	... 58
	Abstract of Ordinary Receipts and Payments of the West House	59
	Estimated Profit on Private Patients in East and West Houses	... 59
	Tabular View of the Cost of Maintenance per Head of East House, Intermediate, and Pauper Patients for the Year 1889	... 60
	Contrast of Ordinary Receipts and Payments for the Year 1889 with the previous Year	... 62
	Contrast of Total Provisions, &c., supplied from Store for the Year 1889 with the previous Year	... 67
	Contrast of Value of Stock on hand in Store at 31st December 1889 with the previous Year	... 67
	State of Debt due by the East House of the Royal Edinburgh Asylum for the Insane, as at 31st December 1889	... 68
	State of Debt due by the West House of the Royal Edinburgh Asylum for the Insane, as at 31st December 1889	... 68
	State showing the Operation of the Sinking Fund during 1889, and contrasting the amount of the Actual Debt at the close of the Year with the Debt as estimated by Mr James Martin, C.A., in his "Report on the creation of a Sinking Fund"	... 68
	Abstract of the Treasurer's Intromissions with the Funds Administered by the Charity Committee for the Year 1889	... 69
	Abstract of the Treasurer's Intromissions with the Bevan Trust Fund for the Year 1889	... 70
	Statement of Work done at the Asylum	... 71

ANNUAL REPORT

BY THE
ORDINARY MANAGERS
OF THE
ROYAL EDINBURGH ASYLUM FOR THE INSANE
FOR THE YEAR ENDING 31st DECEMBER 1889.

*Presented to the Statutory Meeting of the Corporation, held within the City
Chambers, Edinburgh, on 24th February 1890.*

THE Ordinary Managers of the Asylum have now to present to the Corporation a report of their proceedings in the execution of their office during the year 1889, in terms of their statute.

The daily average number of patients in all departments of the institution during the past year was 824, being an increase of 7 on the number during the year 1888, according to the following table :—

	1888.	1889.	Increase.	Decrease.
1. Patients in East House, Craig House, and Myreside Cottage,	125	127	2	0
2. Intermediate class,	131	132	1	0
3. Pauper patients and private patients at lowest rate of board,	561	565	4	0
	817	824	7	0

The Account of the Treasurer's intromissions is herewith submitted—

The Charge amounting to	£59,243 11 0
The Discharge to	57,936 11 4
And the Balance in favour of the Corporation to	<u>£1,306 19 8</u>

The Ordinary Revenue for the year 1889 from all departments was £43,682 2 3

The Ordinary Expenditure, including instalment towards fund for liquidating debt affecting the West House on scheme approved by the Court, was 40,296 8 9

And the Surplus Income, . . . £3,385 13 6

Whereof there was derived from the East House £3,454 6 10

While on the West House there was a deficiency of . . . 68 13 4

£3,385 13 6

The above surplus for the East House shows an advance of £265 : 2 : 11 on that for the year 1888, which amounted to £3189 : 3 : 11.

For the year 1888 the nett surplus revenue derived from the West House, after deducting extraordinary receipts, was £1445 : 0 : 3, which added to the above deficiency gives a falling off of £1513, 13s. 7d. on the surplus for the year 1889. The falling off is thus accounted for. At the last Annual Meeting of the Corporation, the rate of board charged for intermediate patients was reduced from £45 to £42, and the rate charged for paupers was reduced from £32 : 10s. to £31. The above reductions in most cases did not take effect until 1st April, involving a diminution in revenue of the West House in respect of boards for the year of about £900, while the cost of provisions in 1889 exceeded by £600 that of the year 1888.

The cost of maintenance of pauper patients per head for the year 1889 was £31 : 8 : 8, being an increase of 9s. 2 $\frac{3}{4}$ d. upon the cost per head for 1888, and 8s. 6d. in excess of the mean rate actually charged. There has thus been during the past year a loss of about £240 on the pauper patients, but as there is a considerable accumulation of profits for past years on the West House, the Managers do not consider that any rise in the pauper rate of board is at present called for.

Through the operation of the Sinking Fund Account the sum of £900 fell last year to be paid off to account of the debt affecting the West House, which now amounts to £38,214:19:4.

The Managers have not during the past year found it convenient to make any contribution towards the Charity Fund.

The surplus derived from the East House has been added to the fund being accumulated to meet the cost of building the new Asylum at Craig House, under deduction of the sum of £3119 12s. 7d., expended during the past year in connection with architect's, surveyor's, and measurer's fees, and cost of digging the foundations.

In their Annual Report for the year 1888 the Managers stated that drawings and elevations for the new Asylum had been prepared by Mr. Sydney Mitchell, their Architect, that these had been approved of, and that Mr. Mitchell had been instructed to prepare working plans and schedules with a view to taking tenders for the execution of the work, the cost of which had been estimated at £56,550. The Managers have now to record that tenders having been taken from different builders, they on 1st August 1889 authorised the acceptance of such of these as they considered most eligible, amounting in all to the sum of £65,494:6:5. To meet this heavy expenditure the Managers at that date had at the credit of the Building Fund the sum of £17,700, while the price to be realised by the sale of the East House, added to the surplus revenue which may be reckoned upon during the three or four years which must elapse before the work is completed, is estimated at £25,500. This will still leave a balance of cost unprovided for amounting to upwards of £22,000, which it will be necessary to raise by loan over the buildings. The Managers might have contracted for the erection of only such a portion of the work as they had funds to pay for. This, however, would have added considerably to the cost and would have greatly retarded the completion of the whole, to the obvious inconvenience of the staff and the risk of the inmates. The foundations of the different parts of the structure have now been dug, and substantial progress has been made with the preliminary arrangements.

The Managers have much satisfaction in reporting that the negotiations with the City Parochial Board with a view to the

acquisition of the summit of Easter Craiglockhart Hill, to which allusion is made in last year's Report, have at length been brought to a favourable issue, and there is now no danger of the new Asylum being overlooked from that quarter. In this connection the Managers beg leave to refer to the report made by Dr. John Sibbald, one of the Commissioners in Lunacy, on the occasion of his visit to the Asylum on 22d June 1889: "The usefulness of
 " the Asylum as a public institution has been year by year becoming
 " more and more impaired by the way in which the East House and
 " its grounds are overlooked by high buildings which have been
 " erected in its vicinity. The necessity for taking steps to provide
 " accommodation for the patients on a more suitable site has, there-
 " fore, been for some time recognised by all persons in the district
 " who take an interest in the treatment of the insane, and has
 " received the anxious consideration of the Managers of the Asylum.
 " In accordance with this feeling, it was seen with much satisfaction
 " that the work of providing the new Asylum at Craig House is now
 " in active progress. The excavations for the foundations of the
 " structure are being made, contracts having been accepted for pro-
 " ceeding with this part of the work.

"The site which has been selected possesses almost every feature
 " that could be desired in a site for a public asylum, except that
 " on one side it will be impossible, without somewhat inconvenient
 " arrangements and considerable expense, to prevent the grounds
 " from being overlooked from the rising ground immediately outside
 " the boundary. It is understood that the Asylum Managers have
 " endeavoured unsuccessfully to acquire the ground known as Easter
 " Craiglockhart Hill, which includes the rising ground referred to.
 " If this ground were acquired, the only objection to the site would
 " be removed, and the usefulness of the institution would be greatly
 " increased. The failure to obtain it is, in the interests of the
 " insane, and therefore in the interests of the public, all classes of
 " the community being liable to insanity, much to be regretted."

It is satisfactory to know that this, the sole disadvantage of the site for the new Asylum, has now been overcome.

The Asylum was in March 1889 officially visited and inspected by Sir Arthur Mitchell, Commissioner in Lunacy, who thus

records his impressions :—“ Since last visit a Pathologist has been
 “ appointed, and, if possible, increased advantage is taken of the
 “ opportunities which the Asylum affords of adding to our know-
 “ ledge of mental disease. The Case Books are exceedingly well
 “ kept, and the condition and history of each patient are carefully
 “ studied. The medical treatment of the patients in its best and
 “ widest sense is very thorough in its character, and the hospital
 “ arrangements, both for men and women, are most satisfactory.
 “ The earnestness and skill shown in the professional treatment of
 “ the patients are seen and appreciated both by the friends of those
 “ who belong to the higher class, and by the guardians of those
 “ who are paupers.

“ The visit occupied three days, and everything that was seen
 “ disclosed great ability and conscientiousness in the management.
 “ There was a remarkable absence of excitement and complaint
 “ among the patients. Much liberality and kindness are shown
 “ in their treatment. Peculiarities of habit or taste are considered
 “ and judiciously gratified. They are well fed, well clothed, have
 “ comfortable beds, live in cheerful surroundings, have abundant
 “ exercise in the open air, are provided with amusements, and are
 “ not subjected to any irksome discipline. The expressions of
 “ good feeling towards the medical men and the attendants were
 “ frequent, both among the private and the pauper patients.

“ The wards, both day-rooms and dormitories, were clean, fresh,
 “ and in excellent order.

“ The impressions left by the visit were in all directions very
 “ pleasing. The institution is very prosperous, and deservedly
 “ possesses the confidence of the general public and of the medical
 “ profession.”

With the exception of an epidemic of Influenza which visited the Asylum at the close of the year, the Managers have nothing special during the year 1889 to record with regard to the patients or the internal economy of the institution, which, under the able administration and untiring energy of Dr. Clouston, Physician Superintendent, continues to merit the confidence of the public, and fully to meet the purposes for which it was designed.

Along with this the Managers have pleasure in presenting the

Report of the Charity Committee, and of the Committee appointed to administer the munificent legacy bequeathed by Mrs. Elizabeth Bevan to the institution, from which it will be seen that during the past year the boards of 68 patients have been supplemented to a greater or less amount, to the great comfort of the patients and to the relief of their sorrowing relatives. When it is remembered that in every one of these cases the patients are deserving persons who have seen better days, that many of them, but for the aid thus provided, would have been classed amongst paupers, some idea may be formed of the beneficent nature of the work done by the Charity and Bevan Fund Committees.

JAS. ARTHUR CRICHTON,
Chairman.

R E P O R T

OF THE

CHARITY COMMITTEE OF MANAGERS

OF THE

ROYAL EDINDURGH ASYLUM FOR THE INSANE

FOR THE YEAR ENDING 31st DECEMBER 1889.



The Account of the Treasurer's Intromissions with the Charity Fund is herewith submitted :—

The Charge amounting to	£328	11	6
The Discharge to.....	529	1	1

And the Balance due to Treasurer.....	£200	9	7
---------------------------------------	------	---	---

The Fund, after deducting the above Balance, amounts to	£9,049	10	5
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For the year ending 31st December 1888, the

Fund amounted to	£9,220	13	2
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Showing a Decrease of	£171	2	9
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The Ordinary Income on invested moneys during the year was	£327	16	6
--	------	----	---

The Ordinary Expenditure was.....	499	14	3
-----------------------------------	-----	----	---

Showing excess of Expenditure over Income of	£171	17	9
--	------	----	---

This year the Managers found it necessary to discontinue the contribution of £200 which for some years they have made to the Fund, thus causing the large balance at the debit of the fund.

The number of patients relieved during the year was 59, and

the number on the roll at the close of the year 35. It is proper to explain that of the 59 patients relieved during the year 19 were transferred to the Bevan, as at 1st April 1889.

Along with the Account of the Charity Fund the Committee beg leave to submit the Account of the Treasurer's Intromissions with the Bevan Trust Fund, the administration of which was at the commencement of the year devolved by the Board upon them. From this account it will be seen that the income of the Fund amounted to £291 12s. 10d., to which was added the balance from last year, £43 16s. 3d., amounting together to £335 9s. 1d., whereof the sum of £319 17s. 1d. was expended in supplementing the boards of 28 patients, 19 of whom, as above stated, were transferred from the Charity Fund. The Committee have to report that no further sums have been received from Mrs Bevan's Testamentary Trustees to account of capital, the amount of which invested in the name of the Asylum is at present £5,600.

PHYSICIAN-SUPERINTENDENT'S ANNUAL REPORT

For the Year 1889.



I have the honour to submit the following Report of the Royal Edinburgh Asylum for the year 1889.

In the beginning of the year the number of patients was 826, General Statistics. and on the 31st of December it was 824 (including 7 on probation).

The admissions were 323, of whom 172 were men, and 151 women.

The total number of patients under treatment was therefore 1149.

The discharges were 248, of whom 140 were men, and 108 were women.

The number of those who died was 77, of whom 31 were men and 46 women.

The average number of patients resident during the year was 824.

ADMISSIONS.

The number of admissions (323) was 16 less than the average of the previous five years. The number of private patients admitted was only 61, this being 30 under our average of the previous five years. This large diminution resulted entirely from our not having room to receive all the applicants through the accumulation of old cases. Under the average. Private patients few. Many refused admission.

The change that is taking place in the character of the rate-paid patients, and to a very much less extent in some of the private patients sent to us year by year, to which I have often alluded, is well brought out in one of our tables (Table xiv.). We Different kind of patient sent now.

there divide our admissions into three classes as to their bodily health and condition, viz.—1. Those in average health and condition ; 2. those in indifferent health and reduced condition ; and 3. those in very weak health and exhausted condition. Now, if we divide the past fifteen years into three periods of five years each, 1875-79, 1880-84, and 1885-89, we find that in the first period out of 1722 admissions 812, or 47 per cent., were put down as in average bodily health and strength ; in the second quinquenniad, out of 1710 admissions only 385, or $22\frac{1}{2}$ per cent., were put down as in average health, and in the third period, ending with 1889, out of 1664 admissions only 30 per cent. were put down as in average bodily health. Taking the third heading of “ very weak health and exhausted condition,” in the first period we had 147, or 8·6 per cent of the whole of this class ; in the second period 215, or 12·6 per cent. ; and in the third period 212, or 12·6 per cent. It is therefore clear that our nursing arrangements in our hospitals for those in exhausted bodily condition are fully appreciated and taken advantage of. I only wish I could say that such weakly patients were generally capable of permanent benefit and cure. As a matter of fact, they are not so in the majority of cases, because advanced senility is not curable, nor is paralysis commonly. In the first quinquennial period (1875-79) our number of admissions over 70 was only 47 ; in the last period it was 69, or an increase of 47 per cent. of senility. To a certain extent I grudge the application of our very elaborate and expensive nursing system and appliances to the merely senile and incurable to so large an extent as it is. But can anything be done to remedy this ? Such senile and paralytic cases need nursing : they are usually noisy and restless at night, and they are undoubtedly weakened in mind, and come under the Lunacy Statutes, as being technically of unsound mind. In the poorhouse hospitals there are no single bedrooms, and the ordinary sick are disturbed by the night noise and restlessness in the open dormitories. Under the care and diet they get with us their lives are greatly prolonged, so that their numbers steadily accumulate. We have no means of getting rid of them. They are unsuitable for boarding out, and I suppose we must therefore do the best we can for them, as we

Many fewer in good health.

Many more in bad health.

More old people.

Nowhere else for such people to go.

Make the best of it.

have been doing. There can be no doubt that it is this class of cases that has reduced and is reducing our recovery rate. The change in our population from the accumulation of such cases is manifest, apart from statistics, to all of us who have been here for over ten years, and is constantly remarked on by the older attendants.

The tables that summarise the information regarding those who died tell the same tale regarding the generally low state of health of our admissions. Fourteen of the admissions died within the first month of residence, and 30 (or 39 per cent. of all who died) were within the first year of residence, and 40 (or 57 per cent.) within the first two years. Many such cases die soon.

The facts as to the greater number of old persons now sent to asylums are still more comprehensively brought out for the whole of Scotland in the last report of the Commissioners in Lunacy.* The Commissioners *De Senectute*. It is there pointed out that, during the 8 years 1870-77, out of the total increase of 1237 of the insane in Scotland, there was an almost equal number of patients above 50 and under that age, while in the ten subsequent years from 1877 to 1887 the increase of 1789 cases was made up of 11 per cent. more of patients above 50 over those below that age. They say "the increase of patients" "in establishments" above 50 years of age has been about three times as great as is accounted for by the general increase of the population. They add: "This greater proportion among the older class of patients is in accordance with what has been commented on in previous annual reports—an increasing tendency during recent years to resort to asylums for the care of persons suffering from the mental decay of old age." Many have Another moral lesson. been the lessons read to mankind by the moralists of all ages and countries as to the inevitable decay of mind and body in old age, but it has been reserved for the end of the nineteenth century to consign its "second childishness and mere oblivion" so largely to asylums for the insane. If this is to be the end of a large portion Shut up all the seventh age people. of those who live well on into the last of Shakespeare's seven ages, the twentieth century is destined to see a still greater exten-

* 31st Annual Report of the Board of Lunacy for Scotland for 1889, Pages xv. and xvi.

sion of such institutions as ours. I have long maintained that certain forms of mental disease are scientifically a sort of premature death of a portion of the brain, while the rest of the organ and the body live on and do their lower functions. The practice, therefore, of treating active insanity and dotage in the same institutions seems to rest on a certain scientific basis, however inconvenient its practical results may be. This at all events is a statistical fact, that at the present time there is only one patient in an asylum to every 617 of the ordinary population of Scotland under 30, while there is one asylum patient to every 151 of that population over 60.

A scientific analogy.

Insanity four times as common over 60 as under 30.

There can be no doubt whatever that the most common symptom of every form of mental disease is the loss or diminution of the power of control, that highest of all the brain qualities. In this loss senility shares. Neither sanity nor insanity can be defined, but the definitions that are nearest to truth are undoubtedly that sanity is self-control, and insanity is its absence.

Sanity is self-control. Insanity the want of it.

Nature has implanted in every living creature cravings or desires that lead to action for their gratification. A craving means

A craving means a need.

a need in every healthy organism. The main active object of the lives of every living thing is necessarily to gratify those cravings, and to supply those needs. In the upward progress of life and

Cravings become multiplied in civilization.

organization the cravings become more intensely felt, the desires more keen and complicated, until we find them in civilized men to be as the stars for multitude. The simple cravings of the

Transmutation of desire into high motive.

animal life for food, society, and progeny become infinitely complicated. Desires become transmuted into motives of action of every kind and degree—physical, mental, emotional, and moral.

The transformations of desires from the lower into the higher kind in quality, from the simple and evident into the intensely subtle, as man rises in the scale of mind and civilization, means that his brain has become an organ of a hundredfold more deli-

This means brain delicacy.

cacy and complication, as compared with that of the savage. It

Inhibition the co-relative of desire.

is not sufficiently realized that this complication, this intensity, this subtilty of desire, necessarily implies a corresponding multiplication of the controlling forces. To have keen and subtle cravings, with no power of control over them, would mean death

and social anarchy in a generation. Now it is the controlling forces that are ever the highest and the most difficult of exercise, and their power is more than anything else the test of sound brain-working. An animal or a simple barbarian only needs to exercise control in a few definite directions, and in regard to a few simple matters. The whole faculty of control is in them like the brake of a waggon, a single block of wood, with enough force behind it to make it grip one wheel. Far otherwise is it with the checks and counterpoises, the "governors" and adjustments of a steam weaving loom that makes fine cloth of a complicated pattern. That may be taken to represent the controlling powers of the brain of a civilized man. They need to be put into exercise almost every hour of waking life in many ways, and to resist innumerable subtle dangers. Three things seem to me especially to make for mental breakdown in modern civilization—1. The number and variety of men's cravings which represent their needs; 2. the complication and strength of the "inhibitory" powers required to regulate and control those cravings; and 3. the frequent tendency of the cravings and desires to mistake their real objects. The moment we have a craving for something that, if attained, would be hurtful to the organism, then we have something that is contrary to nature's law, and is more or less of the nature of disease. It is one most prominent characteristic of our modern civilization, that it exerts itself to create "artificial" needs in all directions, physical and mental, and each one of those enlarges the area of human desire. Such needs and desires soon become hereditary. We feel them because our fathers created them. When those desires come to be subjected to control and regulation, as each one of them must necessarily be in our complicated society, for "no man liveth to himself," then we have the strains and the disappointments of life, and the consequent break-downs. In a well-ordered brain each craving should have as a necessary compliment its controlling force, always a little more powerful than itself. But through subtle disease of the controlling force, or by heredity, we find the cravings and the desires getting intensely strong, while the controlling forces get weakened. The result is the same as when the brake of a carriage

Complication of control.

Three things that make for insanity.

A craving for anything that will hurt is disease.

Exercise of control takes it out of the brain.

Over-develop-
ment of control
also dangerous.

won't act in coming down hill. *It always implies less expenditure of energy to crave than to control.* The prevalence in any human society of the forces of desire over those of control means a departure from essential sanity. It may take a generation or two to reach actual insanity, but the road to it lies that way. On the other hand, some societies and sects have set up control as being the only thing worthy of human effort for its own sake, and apart from its real uses over desires. The result has been what always follows breaking nature's laws. Over-development of control has led to insanity, just as the lack of it has done.

Drink and In-
sanity.

Thosesomewhatabstract propositions are perhaps best illustrated by reference to the relations of the craving for drink and insanity. So long as there existed no tempting stimulating foods, there would be little gluttony, and while there were no fermented stimulating drinks, there would be no excess. In either case a controlling force over appetite would not be needed, and would not exist, except as a potentiality. But from the time that fermented drinks were discovered and liked, while the risk and evils of partaking to excess were seen, the latent brain-power of inhibition over desire for them would have to be developed and exercised. Otherwise the race would have been killed off very soon, as the Red Indians were with the fire-water. A product of science and civilization that created the intensest craving was presented to them when their controlling forces had not yet been developed.

Alcohol and its
affinity for the
brain.

It is of the nature of alcohol in every shape and form that it has a special affinity for the brain, that it creates a desire in the brain for itself, and that that desire leads to ill, and is therefore of the nature of disease. The precise action of alcohol on the nerve-cell we do not know, but it affects it in most men, so as to cause conscious pleasure. It creates an artificial need, and a craving to supply that need. But I maintain that the need and the craving which in nature are conjoined for the good of the organism are in this instance changed in their relationship, and are tending towards the morbid. There is a felt need, but it is commonly for food and rest, or for a social stimulus, and this is misinterpreted by the brain through the action of the alcohol, and becomes a craving for a repetition of the artificial stimulant. The two things that nature

had conjoined to preserve life—special necessity and special desire—have become perverted, so that something is desired that is hurtful to life, at all events if taken in the quantity craved. This dissociation of the two things that ought to be inseparable, and that nature has made inseparable till she is interfered with—desire and the good resulting from its gratification—is at the root of the relations of drinking and insanity.

Weakened control is necessarily bad for life, for when we have a craving for something harmful, such as alcohol or opium set up, there is then no check on its gratification. And alcohol emphatically weakens the power of control, as well as sets up a diseased craving—that is a craving for something that will hurt the life of the organism. And disordered function, the preliminary to death, first takes place in such cases at the highest part, that is in the mental portion of the brain. We must by no means make the mistake of thinking that a desire must not be in any way attended to because it is morbid. It *indicates a need of some sort*, but not necessarily the thing craved for. We have to find out when a drunkard craves for drink what the brain and the system *really need*, the supplying of which will quench the morbid craving, and at the same time prolong life. When a weak maniacal patient craves continuous exercise and loathes food, what we require is to find out how the craving and the repulsion—both perhaps equally morbid and bad for him if left unguided—are to be stopped by means that will save life. Therefore the treatment of the drink-craving is not to ignore it, and not to control it merely, but to adopt means that will so alter the brain working and improve the health that the craving will cease. Merely to preach control to a dipsomaniac without adopting means to make his craving to cease would not be scientific treatment of the disease any more than preaching control to a maniac who shouts, sings, and leaps.

Weakened control bad for life.

Alcohol in excess weakens control.

Desire always indicates a need, but not necessarily the very thing desired is needed.

Adopt means to stop this craving.

In all these matters we have to study the facts and meet them, not to apply any *a priori* rules. One exceedingly unpleasant fact that meets us at every turn is, that through disregard of the laws of our being in past generations, a hereditary condition has been established in many brains through which the intensities of feel-

Loss of control has become hereditary.

ing and craving far outrun the forces of control. This in the early stage may produce a brilliant literature and poetry, with some deeds of heroic type, but too widely prevalent in any modern society, it certainly makes for insanity in a few generations.

Alcohol sent
more than ever
before.

Not far from one
half of the wage-
earning patients
of middle life
came here
through drink.

Have big wages
set up much
drinking and
much insanity?

We never, except in 1876, had so many cases sent here any previous year in which the assigned cause of the malady was alcoholic excess as this year, and the percentage of such cases was never so high. There were 81 such cases, or 25 per cent. of the whole, our average percentage for 15 years back from this cause being 16·4. Taking the men alone there were 63 such out of a total of 172, being 36·6 per cent. of the whole. Another view of the alcoholic cases is still more startling. Taking the admissions to the West House alone, that is working people chiefly, and confining the enquiry to men between 25 and 60, the chief wage-earning period of life, I find that 53 of the total of 124, or 42·7 per cent., were of those in which alcoholic excess was assigned as the predisposing or exciting cause. The reason for this marked alcoholic causation this year I cannot surely assign. It may be that it is an accident of the year. Or it may be that the increased prosperity among our workers is having this as one of its bad effects. Those persons who are naturally lacking in self-control, having been for many years previously earning little money, and now finding themselves flush, may have, by a natural reaction, gone in for spending an undue proportion of their more easily-earned money in drink, with the result of this increase of alcoholic insanity. I am inclined myself to this view. We must, I fear, admit that the possession of much more money than is needed for food and clothing, is to many of our fellow-citizens a temptation to break the laws of their being, which they are unable to resist. There has been drunk during 1889, I see, £7,500,000 worth of liquor over 1888. But no doubt there are more than compensating advantages in good wages in the benefits they confer on those who do use money rightly; and there is something too on the other side of the account in the mental exhilaration, the social pleasure, and the raising of our mental tone into the ideal, which drink sometimes produces, and which, I am not prepared to say, is not antagonistic to melancholy and to delusional feeling in some cases.

We never before had so many cases of general paralysis (29), a disease largely due to dissipation, as this year. During the five lean years 1881-85 this terrible disease was much less frequent, forming only $4\frac{1}{2}$ per cent. of our admissions, instead of the 9 per cent. of this year. It is a suspicious coincidence that a very fat year of especially high wages, 1876, was also that on which the next highest proportion of alcoholic causation and of general paralysis occurred.

Alcoholic insanity is very frequently accompanied by an undue excitation of the centres of hearing in the brain, on account of which the patients hear imaginary voices. Their memories of past impressions on the senses become present facts. The subjective becomes the objective. And such unreal voices seldom say pleasant things. They are often "the still small voice of conscience," in a vivid form, making accusations, re-vivifying old memories of evil, and very often prompting to suicide. As a matter of fact, a very considerable proportion of the suicides of each year are committed by those whose brains are in the early stage of alcoholism or suffering from alcoholic insanity. Nature exacts a stern and often appropriate retribution on him who breaks her laws, whether wilfully or by inadvertence. Man cannot live, and break the laws of his life. We who have to treat and study brain disturbances see daily illustrations of this. Yet in regard to most of the insane we must never forget that, "Neither did this man sin nor his parents." They are suffering for evil conditions of ignorance, and not always of the moral sort, in long past generations, for which no one can be now held responsible. In the upward strivings of a people to be "civilized," they have fallen by the way.

During the past year a keen interest has been revived in the minds of the medical profession, and in those of many other citizens, in regard to a question closely related to this subject, viz.—the necessity for legislation to control habitual drunkards. After the exhaustive report to the House of Commons of its Committee on the subject in 1872, the experimental and merely permissive Act known as "The Habitual Drunkards' Act," was passed in 1879, and made permanent in 1888. But opinion seems to have

G. P. very common.

Alcoholic hallucinations of hearing.

"The still small voice of conscience."

Suicide common through drink.

Legislative control of habitual drunkards.

ripened of late. The *British Medical Association*, which consists of the great majority of the active members of our profession, has taken this question up warmly, and petitioned in favour of some legislative measure on the subject, and the Medico-Chirurgical Society of this city lately discussed a Bill on the subject drawn up by Mr Charles Morton, W.S., with general approval of its provisions and scope.

The chief points in regard to which the treatment of insanity and the administration of the Lunacy Acts have special concern are :—

Points in which
Psychiatrists are
interested.

1. Will habitual drunkenness be considered and treated legislatively as if it were a form of insanity?

2. Will the measures that attempt to control habitual drunkenness be available for the control of those bouts of drinking that so often cause actual insanity in predisposed subjects, when such bouts can be clearly shown to have caused attacks of mental disease?

3. Will our present asylums be used in any way for the custody and cure of habitual drunkards? And will the machinery provided by the Lunacy Acts be used in any way for this purpose?

That such legislation might affect this and every other asylum in the kingdom, if it mixed up ordinary mental disease, as we now understand it, and drunkenness, is very evident. No doubt there is a real connection between the two conditions, but there are also differences that seem to me essential, and that should be well considered before legislation takes shape.

The points of
connection
between insanity
and drunken-
ness.

Alcoholic excess
the most com-
mon exciting
cause of insanity.
837 alcoholic
cases in 15 years.

The chief points of connection between excessive drinking and insanity are the following:—

1. Alcoholic excess is the most frequent single exciting cause of mental disease, and it acts also as a predisposing cause in very many cases. During the past fifteen years we have had 837 admissions, in whom drink has been put down as the cause, or 16·4 per cent. of all our admissions during that time. This may be taken as about the general experience of the country. Let us suppose that excessive drinking could have been put a stop to, would all those 837 persons have remained sane? It is certain they would not, but a large proportion of them would have done

so. It must be clearly kept in view that such mental disease, so caused, is not “Dipsomania,” and may have little in common with it, and the proper treatment of such insanity is already provided for under the present laws.

2. Excessive drinking and mental disease are closely connected hereditarily in many cases. The children of drunkards sometimes become insane, and the children of insane people still more frequently become drunkards. A common heredity.

3. The same causes often tend to produce both, and in the same kind of people, viz., those of a too nervous constitution, whose power of control is innately below the average, or whose cravings are above it, of which causes the following may be taken as examples—viz., bad conditions of life, bad air, living too monotonous lives, over-work, over-anxiety, ill health, injuries to the head, certain diseases of the brain, sunstroke, and in some cases the physiological crises and functions of life. Often the same causation.

4. There are some cases of drinking that present some of the very same symptoms as many cases of mental disease, viz., periodicity, impulsiveness, suicidal and homicidal feelings, loss of the natural feelings of affection towards wife and children and relatives, incapacity to do continuous work mental or bodily, &c. Often the same mental symptoms.

5. Many cases of actual insanity are accompanied by the drink-craving. For such no new legislation is needed, however. The greater includes the less. In them the insanity is the disease, the excessive drinking is merely one of the symptoms. Many of the insane have the drink craving.

6. Above all other resemblances we have this one, viz., that lack of the controlling power is the symptom most common to mental disease and drunkenness, and constitutes along with a dominating morbid craving the disease itself in “Dipsomania.” Both short of inhibition.

7. Mental disease always results from a pathological condition of the brain, and is a true disease therefore precisely of the same essential nature as many other diseases, and I think it is proved that habitual drunkenness often also results from a pathological condition of the brain, and is therefore in those cases a true disease. It is only when it is such a true disease that it is proper to call it *Dipsomania*. This word is used at present very loosely and inaccurately, and often misleads. Insanity always a disease—drinking sometimes is so.

On the other hand, the differences and distinctions between What is true Dipsomania?

Differences between drunkenness and insanity.

Insanity not voluntarily assumed or caused.

Small intellectual damage in dipsomania.

A tremendous practical distinction.

The Insane and Dipsomaniac don't consort well.

Treatment different.

Popular and instructive distinction.

Pity the one—
Blame the other.

ordinary mental disease and habitual drunkenness, or even true Dipsomania, are very marked. The following are some of those practical distinctions :—

1. Mental disease has not so commonly originated in the voluntary action of the person suffering from it, as Dipsomania ; that is, much fewer cases of insanity could by any precautionary action have avoided the falling into the disease. Probably far more than one half of all Dipsomaniacs could at one period of their lives have so acted voluntarily as not to have become diseased drunkards.

2. The limited nature of the intellectual damage in Dipsomania with the almost total moral damage is entirely different from most cases of ordinary insanity.

3. When the obvious symptoms of mental disease have disappeared under treatment, a certain short reasonable time only, of convalescence and probation is needed before the patient can safely resume his work and place in society. He is then “cured” of his disease. But all experience of the dipsomaniac goes to show that a very long period of restriction of his liberty is needed for any possible cure. In him restriction of liberty of action is in fact the essence of treatment, while in the case of the insane man it is more of an accident or adjunct of treatment.

4. The two classes don't do well together in the same institutions, and are apt to do each other harm. Nearly all the experience of asylum physicians is in this direction. My own experience is so strong on this point that I never now take a true Dipsomaniac, who is not insane otherwise, into the asylum if I can help it.

5. The medical and moral treatment is different in the two cases.

6. The public, and especially the lawyers, instinctively draw a marked distinction between the two, and have always done so. This must be caused by some real difference.

7. Intimately connected with the last fact and the first, is the consideration that in regard to mental disease there is almost no room for any feeling but pity, while in regard to excessive drinking the feeling of blame also comes in, and should come in in the majority of cases. The feeling of censure is tonic and good for

the patient. A dipsomaniac who does not take blame to himself is not in the hopeful way of cure. Making excuses for himself is commonly a part of his moral disintegration.

8. For the real cure of either habitual drunkenness or dipsomania we need in nine cases out of ten the patient's own determined effort, so far as he is able to put it forth, and his honest wish to be cured. Without that no power on earth will commonly cure him. This does not apply to mental disease to any thing like the same degree.

You can't cure a drunkard except he wishes to be cured.

9. In any ideal scheme for the treatment of dipsomaniacs and habitual drunkards work, and the earning of their own livelihood while under treatment, stand out much more prominently than in any such scheme for treating the insane.

Dipsomaniacs should work out their own salvation.

10. Dipsomania, the real disease, cannot as yet be certainly distinguished from the vice of excessive drunkenness. They often need much the same treatment, and have far more points in common than dipsomania and ordinary insanity. Nearly all sound writers, such as Professor Gairdner, admit this. I certainly can't distinguish between the two in all cases.

We can't diagnose Dipsomania from Drunkenness.

I think there are two possible lines on which legislation might proceed in regard to this matter. The one would be to confine the provisions for treating cases to the true dipsomaniacs who can be proved to be labouring under a real disease. If this were done, I think certain of the provisions of the lunacy statutes might be used. Notably for supervision the Commissioners in Lunacy might be available. But even then, I should be most adverse to the present asylums being used as the places of treatment, except in the limited class of cases to which I have alluded, where there has been a previous attack of actual insanity, and excessive drinking has been proved to have caused it, or to be essentially connected with it.

Two lines for legislation.

The one is to regard "Dipsomania" alone.

The other principle on which legislation might proceed would be that advocated by Professor Gairdner and others, viz., that as the distinction between diseased drinking and mere vicious indulgence is an "all but impossible distinction," and that it is in fact "merely an academical question whether such an (incurable) drunkard is to be regarded as technically insane or not." Therefore it becomes "an expediency of the highest kind in respect of

The other to regard all incorrigible drunkenness—Prof. Gairdner's views

the victim himself and his family" to institute "a measure of legal restraint" to the otherwise incorrigible drunkard as such.

Mr Morton's definition too exact.

In Mr Morton's Bill the patients to be treated and reformed in the "Restorative Homes" proposed to be established, are described as labouring under "a special form of mental disorder, the chief distinguishing features of which are excessive and secret indulgence in intoxicants, the craving for which is more or less persistent, or occurring in fits with remissions at intervals of time, and a marked change in the mental powers and moral character."

Prof. Gairdner's very inclusive.

This would open the door to contention in every case whether it really came under the definition, while Professor Gairdner's scheme would avoid that. He, too, very properly urges that some more responsibility be fixed by the new legislation on the sellers of drink in every case where intoxication has resulted from such sale.

Hope legislation will enable us to prevent alcoholic insanity to some extent.

I am greatly concerned that whatever principle is adopted in future legislation in regard to the restraint of drinking, the 400 cases who year by year in Scotland are made actually insane by drink shall in some way be considered and provided for, as well as the ordinary habitual drunkards. For their own sakes, and for the sake of the ratepayers who have to pay for the process of cure in such cases, it is desirable that they should be prevented from obtaining the poison, which has already upset their brain-working. It should be made a penal offence to sell drink to any man who is known to have ever suffered from an attack of alcoholic insanity. It is yet doubtful how many dipsomaniacs and habitual drunkards can be cured, but it scarcely admits of any doubt that much insanity might be prevented, were the facilities and temptations to drink to excess diminished, and drinking made a reasonable adjunct of social life, instead of the mere solitary gratification of a base appetite.

DISCHARGES.

Recovery-rate low.

Of the 248 cases discharged 98 have recovered, being a percentage of 30·3 on the numbers admitted. This is our lowest recovery rate, and the smallest number of recoveries for 17 years. The reduction of the recoveries follows, as a matter of course, if the

Causes of this.

cases sent in contain a larger proportion of senility and organic brain disease. The re-admission of boarded-out cases and patients

from the lunatic wards of the poorhouses, who have been tried and found unsuitable, or had become more acutely insane, also diminishes the recovery rate. It must be remembered that our boarding-out arrangements have been in far more active operation during the past five years than before. This year 53 cases were boarded out, or sent to the special wards of poorhouses, and 22 patients were re-admitted after having been tried out in these ways. I believe it is a necessity of any properly worked boarding-out system that patients can be readily re-admitted to the Asylum, and again tried out when their mental condition admits of it. No great harm, and only a little extra trouble and expense usually comes of this.

A good boarding-out system lowers the recovery rate of an asylum.

The number of those discharged relieved of the worst symptoms of their malady, though not fully recovered, amounted to 115. It is a new thing with us for the "Relieved" to exceed the "Recovered" in number.

Many discharged relieved.

As usual, most of the recoveries took place in the early months of treatment, 93 per cent. of them occurring within 12 months after admission. While I have spoken of the general incurability of the senile, there is another side to the question, for one man recovered who was 79 years of age. The senile brain is subject to short gusts of excitement preliminary to the general breakdown, which may pass off in certain cases.

A patriarch got well.

The recovery rate was 50 per cent. on the admissions among private patients, and only 26·9 among the rate-paid; this no doubt being entirely due to the more unfavourable character of the rate-paid patients, and the numbers of re-admissions from the poorhouses and from boarding-out.

Recovery rate high for private patients.

The general recovery rate has shown a somewhat steady tendency to decrease during the past ten years. It was 50 per cent. in 1879: now it is only 30 per cent. This would be infinitely discouraging were the cause not so evident. We have improved the institution, we have better nursing and more of it, we have fully equipped hospitals, which are admittedly among the best in the country, and we never gave so much extra diet in the shape of milk and eggs and other good things to our sick and newly-admitted as this year. I sometimes ask myself what would have

Recoveries getting less as treatment gets better.

been the result, if we had had sent to us in old times the same class of cases as we have now, with our then small and imperfect hospital wards and inadequate nursing staff?

DEATHS.

Death-rate
average.

Low among pri-
vate patients.

Higher among
paupers.

The Influenza.

A suicide
through care-
lessness.

The King is
dead.

Our death-rate amounted to 9·3 per cent. on the average numbers resident, and 6·7 per cent. on the total numbers under treatment, those being about our average rates. The most striking fact about the death-rate is the great difference between the private and rate-paid patients. In the private class it was only 6·7 per cent. on the average numbers resident ; in the pauper it was 11·1 per cent. No fact could more strongly confirm what I have said as to the amount of senility and organic brain disease among the pauper admissions than this. Of our 77 deaths 11 were over 75 years of age.

The epidemic of Influenza, though it had begun in December, did not reach its greatest intensity till January, and the 12 deaths from that cause, all of them being patients in the last stage of paralysis or senility, occurred since the beginning of 1890, and do not appear in our statistics for 1889. This disease attacked the staff in $3\frac{1}{2}$ times the proportion of the patients, 9 per cent of the latter taking it, and over 30 per cent. of the former.

We lost one case by suicide through the gross carelessness and breach of orders of his attendant, who had no other duty but to look after the patient. They were taking a walk together in Craig House grounds, when he was allowed to escape. The patient was much better, and was exerting himself to appear quite cheerful, so as to throw us off our guard. He evidently succeeded in the case of his attendant, who took his own impression of the patient's state, instead of the medical knowledge of the disease, for his guide, and no doubt relaxed his vigilance accordingly.

We lost one of our old "characters" this year, a now sadly diminishing class. He could trace his pedigree clearly, as being the rightful heir to the British throne, and described minutely down to the smallest detail how adroitly and unfairly Prince Albert secured the "Princess Victoria," who had promised to marry him ; the Prince doing this in spite of the strenuous

efforts of the Duke of Wellington, who declared to our friend in very strong language indeed, that he would rather have lost the battle of Waterloo than have had this happen. He was a worthy man—our King—worked for many years in our blacksmith's shop, and every day took a round of the kitchen and workshops to see that every one was doing their duty, and that no waste was going on. Would that our staff were as careful of the coals and provisions as he wanted them to be ! He once rang all the door bells in a street in Leith, and gave formal notice to each householder to quit the premises the following Whitsunday, as he was to resume possession himself. A daughter is a patient here, who has the delusion that she is a Princess—an instance of the direct heredity of a special delusional state that is rare.

An incident in his life.

So large a proportion of the deaths never took place in any one year as this, from brain disease. There were 58 such cases, amounting to 77·5 per cent. of the whole number ; 54 per cent. being our usual proportion.

Large mortality from brain disease.

The only other cause of death that calls for remark was an outbreak of severe dysenteric diarrhœa, which took place in a certain part of our female hospital, and affected about 12 patients, all very old or weakly, and helped to carry off two of them. This was particularly annoying, for it was the first thing of the sort that had appeared since our Hospital was instituted. But we soon found out the cause, which was as usual due to the plumber, mason, and their supposed supervisor, the clerk of works. Between them they had arranged that the tile drain and soil pipe from the kitchen sink should cross the hot-air flue, and have a joint in the middle of the flue. Of course this joint was badly made and gave way, and, to perfect the arrangements for future homicide, they had put no grease box below the sink, so that the pipe beyond the flue was stopped up with hard fat. This elaborate conspiracy of carelessness and neglect attained its natural result perfectly, for the joint had given way, and all the sink water had run into the flue for a month or two, filling it from end to end with a foot deep of foul decomposing fluid where nobody could see it : and from which the hot air that was to keep the patients warm and healthy came up laden with disease germs, to be breathed by

An insanitary outbreak of diarrhœa.

A conspiracy of neglect.

the nurses and patients. Nearly all the nurses had unaccountable ill health, and the whole health tone of the patients on that side of the Hospital was lowered. It took us a good month to get the flues cleansed and disinfected, for the water had penetrated the walls of the flue. Our beautiful polished floors had to come up, and the place was upset for weeks. And we had paid a plumber good money for doing the drain, and a clerk of works £2 10s. a week to see that he did his work properly, when the Hospital was renovated! If the plumber and mason who did not make that joint, and the clerk of the works who did not see them do it, could be tried for the murder of those two old women—as they should be—it would save many more valuable lives in the future, and teach a much-needed lesson in sanitation.

Hang a plumber
and clerk of
works.

GENERAL HISTORY OF THE INSTITUTION.

General health
good.

New Craig House
begun.

Easter Craig-
lockhart Hill
got.

A grand walk.

A pleasant
physic.

No epidemic except the Influenza has affected our patients, and no accident except the one I have alluded to has happened during the year. The outstanding facts in our general history during the year have been the actual commencement of the building of New Craig House, and the completion of the estate for our purpose by the acquisition of the top of Easter Craiglockhart Hill. The portion of the Hill which we have got naturally forms a part of our estate, and will complete our means of recreation for our patients. Few institutions are so fortunate as to possess such a variety of walks for their patients as we now have. Our circular walk round the two estates alone is nearly three miles long, and passes through in its course shrubberies and gardens, lawns and fields, hill and dale, furzy knolls and gentle inclines, while at certain points the views are unsurpassed, either for variety or beauty, even round our city of fair outlooks. In succession, the City itself, Arthur's Seat, Salisbury Crags, the Blackford, the Braids, the Pentlands, the valley running westwards, the Forth, and Fife are seen as one goes round our great walk. I don't know any other three miles of walking where more variety can be got; and this variety to many brains out of sorts is healing and stimulating in a high degree. Our new acquisition I look on as thus a distinct addition to our means of treatment, a wholesome physic of

nature's providing—not to speak of the avoidance of overlooking and intrusion thereby.

I am glad to be able to speak well of all the staff. Dr Macpherson received well-deserved promotion to the Superintendency of the Larbert Asylum ; a vacancy caused, alas ! by the premature death of a former assistant-physician here, my friend Dr Maclaren, who was my first nominee on the staff, and who entered on duty here the same day I did in 1873. Dr Macpherson had won the good opinion of all here by his sound judgment, and his manly, kindly ways, and is much missed. He will certainly do us credit. His is the tenth appointment from our staff during my term of office. Dr Elkins came in as junior, while Dr Robertson stepped into the senior place.

Dr Macpherson's promotion.

A former physician here gone.

I am quite unable to express, were it even fitting that I should do so, the immeasurable obligations I am under to the Managers and the House Committee for their unvarying support in my responsible duties, and their too generous appreciation of my services.

Very many thanks.

T. S. CLOUSTON, M.D., F.R.C P.E.
Physician-Superintendent.

STATISTICAL TABLES
OF THE
MEDICO-PSYCHOLOGICAL ASSOCIATION.

TABLE I.—*Showing the Admissions, Re-Admissions, Discharges, and Deaths during the Year ending 31st December 1889.*

	M.	F.	T.	M.	F.	T.
In the Asylum, January 1, 1889 ...	410	408	818			
Absent on Probation, January 1, 1889	5	3	8			
Total ...	...	...	...	415	411	826
Cases Admitted—						
First Admissions ...	123	108	231			
Not First Admissions ...	49	43	92			
Total Cases Admitted during the year	...	...	...	172	151	323
Total cases under Care during the year ...	...	...	...	587	562	1149
Cases Discharged—						
„ Recovered ...	55	43	98			
„ Relieved ...	61	54	115			
„ Not Improved ...	24	11	35			
Died ...	31	46	77			
Total Cases Discharged and Died during the Year ...	...	...	...	171	154	325
Absent on Probation, Dec. 31, 1889	6	1	7			
Remaining in the Asylum, Dec. 31, 1889 ...	410	407	817			
Total ...	...	...	...	416	408	824
Average number Resident during the year ...	...	...	...	415·1	409·2	824·3
Persons* under care during the year†	...	...	...	574	555	1129
Persons Admitted „ „	...	...	...	167	146	314
Persons Recovered „ „	...	...	...	55	41	96
Transferred to this Asylum „ „	...	...	...	13	7	20
„ from „ „	...	...	...	44	33	77
Number of Patients chargeable to District (the five City Parishes and Orkney) at close of 1889 ...	...	...	...	236	256	492
Number of Patients chargeable to Parishes beyond District at close of 1889 ...	...	...	...	5	2	7
Private Patients at close of 1889—						
East House ...	73	59	132			
West House—Intermediate‡...	60	66	126			
„ Lowest Board ...	42	25	67			
				175	150	325
Total ...	...	...	...	416	408	824

* Persons, *i.e.*, separate persons in contradistinction to “cases” which may include the same individual more than once.

† Total Cases, minus re-admissions of patients discharged during the current year.

‡ Those whose board is so supplemented by the Charity Fund as to equal L.42 are reckoned here as Intermediate.

TABLE IA.

Showing the Number of Previous Attacks among Persons Admitted during the Year 1889, distinguishing those Attacks that have been treated to Recovery in this and in other Asylums, or elsewhere.

Number of Previous Attacks.	Persons.			Attacks.					
				Recovered from in this Asylum.			Recovered from in other Asylums or elsewhere.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Have had 1 previous Attack	27	26	53	14	16	30	13	10	23
„ 2 „ Attacks	9	9	18	11	11	22	7	7	14
„ 3 „ „	5	5	10	8	9	17	7	6	13
„ 4 „ „	2	1	3	7	0	7	1	4	5
„ 5 „ „	1	1	2	3	5	8	2	0	2
„ 6 „ „	2	0	2	11	0	11	1	0	1
„ 8 „ „	2	0	2	8	0	8	8	0	8
„ 12 „ „	0	1	1	0	2	2	0	10	10
Total ...	48	43	91	62	43	105	39	37	76

TABLE II.

Showing the Admissions, Re-Admissions, Discharges, and Deaths for the Seventeen Years, from 31st December 1872 to 31st December 1889.

	M.	F.	T.	M.	F.	T.
Persons admitted during the period of seventeen years	2177	2293	4470			
*Re-admissions	589	615	1204			
Total Cases admitted				2766	2908	5674
Discharged Cases—						
Recovered	1078	1184	2262			
Relieved	609	778	1387			
Not Improved	231	167	398			
Died	492	434	926			
*Total Cases Discharged and Died since 31st December 1872				2410	2563	4973
*Remaining 31st December 1889 ...	...	...	...	356	345	701
*Transferred to this Asylum ... ..	...	...	...	139	114	253
,, from ,, ... ..	...	...	...	320	343	663

* These figures refer only to cases admitted since 31st December 1872.

TABLE III.—Showing the Admissions, Discharges, and Deaths, with the mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year since the Opening of the Asylum.

YEARS.	Admitted.			Discharged.						Died.			Remaining December 31.			Per Centage of Recoveries on Admissions.			Per Centage of Deaths on Total Nos. under Treatment.		
	M. F. T.			Recovered.			Not Recovered.			M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
				M.	F.	T.	M.	F.	T.												
From Oct. 17, 1813, to Dec. 31, 1831,	..	..	265	..	..	102	..	..	118	..	..	9	..	..	36	..	..	38.4	..	..	1
From January 1, 1832, to December 31, 1836,	49	31	80	16	13	29	16	7	23	11	7	18	25	21	46	32.6	41.9	36.2	34.1	24.6	29.6
1837,	7	6	13	2	2	4	3	4	7	4	1	5	23	20	43	28.5	33.3	30.7	12.5	3.7	8.4
1838,	12	11	23	6	7	13	2	4	6	2	2	4	25	18	43	50	63.6	56.5	5.7	6.4	6
1839,	4	5	9	2	2	4	4	2	6	2	1	3	21	18	39	50	40	44.4	6.8	4.3	5.7
1840,	4	8	12	2	1	3	1	2	3	3	3	6	19	20	39	50	12.5	25	12	11.5	11.7
1841,	28	13	41	5	11	16	1	3	4	1	0	1	40	19	59	17.8	84.6	39	2.1	0	1.2
1842,	73	81	154	19	13	32	3	7	10	6	3	9	85	77	162	26	16	20.7	5.3	3	4.2
1843,	104	108	212	26	24	50	8	12	20	10	10	20	146	138	284	25	22.2	23.5	5.2	5.4	5.3
1844,	83	79	162	38	52	90	21	12	33	11	9	20	159	144	303	45.7	65.8	55.5	4.7	4.1	4.4
1845,	123	130	253	36	45	81	18	14	32	20	18	38	208	197	405	29.2	34.6	32	7	6.5	6.8
1846,	107	90	197	62	39	101	17	22	39	25	19	44	211	207	418	57.9	43.3	51.2	7.9	6.6	7.3
1847,	134	117	251	51	47	98	23	14	37	36	32	68	235	231	466	38	40.1	39	10.4	9.8	10.1
1848,	126	120	246	68	61	129	20	22	42	44	24	68	228	245	473	53.9	50.8	52.4	12.1	6.8	9.5
1849,	109	156	265	42	77	119	29	35	64	42	37	79	224	252	476	38.5	49.3	44.8	12.4	9.2	10.7
1850,	126	127	253	47	65	112	31	24	55	26	38	64	246	252	498	37.3	51.1	44.2	7.4	10	8.7
1851,	132	116	248	52	67	119	35	26	61	31	19	50	260	256	516	39.3	55	47.9	8.2	5.1	6.7
1852,	129	118	247	58	43	101	26	29	55	30	34	64	275	268	543	44.9	36.4	40.8	7.7	9	8.3
1853,	103	133	236	58	50	108	21	28	49	36	41	77	263	282	545	56.3	37.5	45.7	9.5	10.2	9.3
1854,	98	114	212	28	66	94	47	26	73	24	27	51	262	277	539	28.5	57.8	44.3	6.6	6.8	6.7
1855,	109	114	223	46	49	95	44	42	86	24	38	62	257	262	519	42.2	42.9	42.6	6.4	9.7	8.1
1856,	117	141	258	42	66	108	29	47	76	20	23	43	283	267	550	35.8	46.8	41.8	5.3	5.7	5.5
1857,	178	130	308	49	61	110	32	21	53	33	23	56	347	292	639	27.5	46.9	35.7	7.1	5.7	6.5
1858,	118	117	235	47	44	91	29	38	67	48	26	74	342	300	642	39.8	37.6	38.7	10.3	6.3	8.4
1859,	118	98	216	28	40	68	34	23	57	43	17	60	355	318	673	23.7	40.8	31.4	9.3	4.2	6.9
1860,	108	150	258	36	62	98	45	50	95	45	25	70	337	331	668	33.3	41.3	37.9	9.7	5.3	7.5
1861,	120	121	241	39	40	79	37	49	86	37	28	65	344	335	679	32.5	33	32.7	8	6.1	7.1
1862,	125	121	246	27	43	70	43	51	94	42	32	74	357	330	687	21.6	35.5	28.4	8.9	7	8
1863,	104	116	220	26	51	77	44	46	90	44	24	68	347	325	672	25	43.9	35	9.5	5.3	7.4
Totals and Averages from 1832 to 1864,	2648	2671	5319	958	1141	2099	663	660	1323	700	561	1261	..	..	..	36.1	42.7	39.4	7.8	6.1	7

TABLE III. (Continued)—The Admissions, Discharges, and Deaths, with the mean Annual Mortality and Proportion of Recoveries per cent. on the Admissions for each Year during the Twenty-Six Years 1864-1889.

Year	Admitted.			Discharged.						Died.			Remaining Dec. 31.			Average Numbers Resident.			Percentage of Recoveries on Admissions.			Percentage of Deaths on Average Nos. Resident.			Percentage of Deaths on Total Nos. under Treatment.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
				Recovered.			Relieved.																					Not Improved.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									

TABLE IV.—Showing the History of the Annual Admissions since the Opening of the Asylum, with the Discharges and Deaths, and the Numbers of each Year, for the last Twenty-Six Years, remaining on 31st December 1889.

Admitted.				Of each Year's Admissions Discharged and Died in 1889.												Total Discharged and Died of each Year's Admissions to 31st December 1889.												Remaining of each Year's Admissions 31st Dec. 1889.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
YEARS.	New Cases.			Relapsed Cases.		Recovered.			Relieved.			Not Improved.			Died.			Recovered.			Relieved.			Not Improved.			Died.			M.	F.	T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
1813 to 1832	265

* Numbers for Twenty-Six Years.
† Since Opening of Asylum.

Summary of the Total Admissions 1864-89.												M.		F.		T.	
Per Centage of Cases Recovered												38.6	41.1	39.9	41.1	39.9	39.9
" Relieved												20.4	24.0	22.3	24.0	22.3	22.3
" Not Improved												10.2	8.5	9.3	8.5	9.3	9.3
" Died												20.8	17.3	19.0	17.3	19.0	19.0
" Remaining												10	9	9.5	9	9.5	9.5

TABLE V.—*Showing the Causes of Death during the*

CAUSE OF DEATH.										15 and under 20.			20 and under 25.			25 and under 30.			30 and under 35.																																																																																																																																																																																																																																																																																																																																																																																																																																
										M	F	T	M	F	T	M	F	T	M	F	T																																																																																																																																																																																																																																																																																																																																																																																																																														
CEREBRAL AND SPINAL DISEASE.																																																																																																																																																																																																																																																																																																																																																																																																																																																			
1	General Paralysis	..	..	..	..	..	..	..	..	..	..	..	1	0	1	3	0	3																																																																																																																																																																																																																																																																																																																																																																																																																						
2	" " with Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1																																																																																																																																																																																																																																																																																																																																																																																																																			
3	" " " Broncho-pneumonia	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																														
4	" " " Diarrhœa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
5	" " " Rupture of Diseased Bladder	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
6	Cerebral Apoplexy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
7	" " with Brain Softening	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
8	" " " Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
9	Brain Softening	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
10	" " with Cardiac Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
11	" " " Peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	0	1																																																																																																																																																																																																																																																																																																																																																																																																																			
12	" " " Cancer of Stomach	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
13	" Atrophy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
14	" Tumour with Phthisis Pulmonalis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
15	Epilepsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
16	" with Cardiac Disease	..	..	..	..	..	..	..	..	..	..	..	0	1	1	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																														
17	" " Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
18	" " Kidney Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	0	1	1																																																																																																																																																																																																																																																																																																																																																																																																																			
19	Cerebral Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
20	" " with Convulsions	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																														
21	" " " Cardiac Disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
22	" " " Pleurisy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
23	" " " Pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
24	" " " Pleuro-pneumonia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
25	" " " Diarrhœa	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
26	" " " Nephritis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
27	" " " Lymphadenoma																																																																																																																																																																																																																																																																																																																																																																																																																																	
28	" " " Senile Decay																																																																																																																																																																																																																																																																																																																																																																																																																																	
29	Exhaustion of Delirious Mania (Alcoholic)																																																																																																																																																																																																																																																																																																																																																																																																																																	
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30	Phthisis Pulmonalis	1	0	1	0	1	1																																																																																																																																																																																																																																																																																																																																																																																																																																	
31	" " with Cardiac Disease																																																																																																																																																																																																																																																																																																																																																																																																																																	
32	Cardiac Disease																																																																																																																																																																																																																																																																																																																																																																																																																																	
33	Aortic Aneurism	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
ABDOMINAL DISEASE.																																																																																																																																																																																																																																																																																																																																																																																																																																																			
34	Cancer of Liver	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																														
35	Kidney Disease with Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
36	" " " Cardiac Disease and Dropsy	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
GENERAL AND VARIOUS DISEASES.																																																																																																																																																																																																																																																																																																																																																																																																																																																			
37	Senile Decay with Chronic Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
38	" " " Hydrothorax	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
39	Cancer of Breast and Internal Organs	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
40	Erysipelas of Head	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																
41	Suicide by Strangulation	..	..	..	..	..	..	..	..	..	..	..	1	0	1	..	..	..																																																																																																																																																																																																																																																																																																																																																																																																																														
TOTAL									

Year 1889, together with the Ages at Death.

	35 and under 40.			40 and under 45.			45 and under 50.			50 and under 55.			55 and under 60.			60 and under 65.			65 and under 70.			70 and under 75.			75 and under 80.			80 and under 85.			85 and under 100.			TOTALS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T			
1	1	1	2	1	1	2	0	1	1	1	0	1	7	3	10	1				
2	1	0	1	...	...	...	...	...	...	...	0	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	0	2	2
3	1	0	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	0	2	3					
4	0	1	1	...	...	...	...	...	...	...	...	...	...	...	0	1	1	4					
5	1	0	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	0	1	5
6	1	0	1	...	...	...	...	...	...	...	...	...	1	0	1	1	0	1	...	...	...	...	...	...	3	0	3	6			
7	0	1	1	7					
8	1	1	2	...	...	...	...	...	...	...	...	...	...	...	1	1	2	8					
9	1	1	2	0	2	2	...	...	...	1	0	1	...	...	2	3	5	9					
10	0	1	1	...	...	...	...	...	...	...	1	0	1	...	...	...	...	...	...	1	1	2	...	...	2	2	4	10			
11	1	0	1	11					
12	0	1	1	...	...	...	...	...	...	0	1	1	12					
13	0	1	1	...	...	...	...	...	0	1	1	13					
14	1	0	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	0	1	14					
15	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0	1	1	15
16	0	1	1	16					
17	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0	1	1	17					
18	0	1	1	18					
19	0	2	2	0	1	1	...	...	...	0	1	1	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	1	5	6	19
20	1	0	1	20					
21	0	1	1	...	...	...	1	0	1	...	...	...	...	...	...	...	...	1	1	2	21					
22	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	0	1	1	22					
23	0	1	1	...	...	...	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	0	2	2	23					
24	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	0	1	1	24					
25	0	1	1	0	1	1	...	...	...	...	...	...	...	...	0	1	1	25					
26	1	0	1	0	1	1	...	...	...	...	...	...	...	...	1	1	2	26					
27	0	1	1	...	...	...	...	...	...	...	...	...	...	...	0	1	1	27					
28	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	0	1	1	2	28					
29	0	1	1	...	...	...	...	...	...	...	...	...	...	...	0	1	1	29					
30	1	0	1	...	...	...	0	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	5	30			
31	0	1	1	...	...	...	...	...	0	1	1	31					
32	0	1	1	0	1	1	...	...	0	2	2	32					
33	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0	1	1	33			
34	1	0	1	34					
35	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	0	1	1	35					
36	0	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	0	1	1	36			
37	0	1	1	...	...	...	...	...	...	...	...	...	0	1	1	37					
38	0	1	1	...	...	...	...	...	...	...	...	...	...	...	0	1	1	38					
39	0	1	1	...	...	...	...	...	0	1	1	39					
40	0	1	1	...	...	...	...	...	...	...	0	1	1	...	...	...	...	...	...	...	...	...	...	...	0	2	2	40			
41	1	0	1	41					
	3	4	7	3	6	9	0	2	2	2	4	6	1	5	6	4	10	14	1	4	5	2	1	3	2	5	7	1	2	3	1	0	1	31	46	77

TABLE VI.

Showing the Length of Residence in those Discharged Recovered, and in those who have Died, during the Year 1889.

LENGTH OF RESIDENCE.	Recovered.			Died.		
	M.	F.	T.	M.	F.	T.
Under 1 Month ...	1	2	3	8	6	14
From 1 to 3 Months...	20	18	38	2	6	8
„ 3 to 6 „ ...	21	9	30	2	2	4
„ 6 to 9 „ ...	4	6	10	1	1	2
„ 9 to 12 „ ...	4	6	10	0	2	2
„ 1 to 2 Years ...	4	1	5	8	6	14
„ 2 to 3 „ ...	1	1	2	4	2	6
„ 3 to 5 „ ...	0	0	0	1	8	9
„ 5 to 7 „ ...	0	0	0	2	7	9
„ 11 to 13 „ ...	0	0	0	0	1	1
„ 13 to 15 „ ...	0	0	0	1	0	1
„ 15 to 17 „ ...	0	0	0	1	0	1
„ 19 to 21 „ ...	0	0	0	0	1	1
„ 21 to 23 „ ...	0	0	0	1	0	1
„ 23 to 25 „ ...	0	0	0	0	2	2
„ 31 to 33 „ ...	0	0	0	0	2	2
Total ...	55	43	98	31	46	77

TABLE VII.

Showing the Duration of the Disorder on Admission in the Admissions, Discharges, and Deaths during the Year 1889.

CLASS.	THE ADMISSIONS.			THE DISCHARGES.						THE DEATHS.		
	THE ADMISSIONS.			Recovered.			Removed Relieved, or otherwise.			THE DEATHS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
FIRST CLASS.												
First Attack, and within Three Months on Admission	50	72	122	21	23	44	30	27	57	12	16	28
SECOND CLASS.												
First Attack, above Three, and within Twelve Months on Admission	28	10	38	6	3	9	16	4	20	6	13	19
THIRD CLASS.												
Not First Attack, and within Twelve Months on Admission	44	44	88	23	17	40	17	16	33	4	9	13
FOURTH CLASS.												
First Attack or not, but of more than Twelve Months on Admission	47	21	68	5	0	5	22	18	40	9	7	16
FIFTH CLASS.												
Congenital	3	4	7	0	0	0	0	0	0	0	1	1
TOTAL	172	151	323	55	43	98	85	65	150	31	46	77

TABLE VIII.—*Showing in Quinquennial Periods the Ages of those Admitted, Recovered, and Died, during the Year 1889, and of those Remaining on 31st December 1889.*

AGES.	THE ADMISSIONS.			RECOVERED.			THE DEATHS.			PATIENTS RESIDENT 31ST DECEMBER 1889.		
	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
From 10 to 15 Years	0	0	0	0	0	0	0	0	0	0	0	0
" 15 to 20	7	8	15	2	4	6	0	0	0	3	5	8
" 20 to 25	6	20	26	5	4	9	0	0	0	18	19	37
" 25 to 30	17	15	32	10	3	13	6	1	7	28	27	55
" 30 to 35	30	23	53	6	6	12	5	2	7	53	39	92
" 35 to 40	27	13	40	5	5	10	3	4	7	59	41	100
" 40 to 45	19	18	37	8	12	20	3	7	10	44	40	84
" 45 to 50	25	17	42	5	2	7	0	2	2	63	48	111
" 50 to 55	14	11	25	3	5	8	2	4	6	52	50	102
" 55 to 60	8	5	13	5	0	5	1	5	6	31	40	71
" 60 to 65	6	12	18	1	2	3	4	9	13	30	37	67
" 65 to 70	5	3	8	4	0	4	1	4	5	14	28	42
" 70 to 75	2	3	5	0	0	0	2	1	3	9	18	27
" 75 to 80	5	2	7	1	0	1	2	5	7	8	10	18
" 80 to 85	1	0	1	0	0	0	1	2	3	4	2	6
" 85 to 90	0	1	1	0	0	0	1	0	1	0	4	4
Total ...	172	151	323	55	43	98	31	46	77	416	408	824
Mean Age ...	41.3	39.8	40.6	40.2	37.3	38.9	48.7	55.7	52.9	45.1	47.9	46.6

TABLE IX.

Showing the Condition as to Marriage, on Admission, in the Admissions, Recoveries, and Deaths, during the Year 1889, and of Patients Resident December 31, 1889.

Condition in Reference to Marriage.	The Admissions.			The Discharges.			The Deaths.			Patients Resident Dec. 31, 1889.		
				Recovered.								
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Single	83	76	159	25	17	42	15	17	32	281	249	530
Married	74	55	129	27	19	46	11	22	33	117	114	231
Widowed	12	20	32	3	7	10	4	7	11	18	45	63
Unknown	3	0	3	0	0	0	1	0	1	0	0	0
Total	172	151	323	55	43	98	31	46	77	416	408	824

TABLE X.—*Showing the Probable Causes of Insanity in the Patients Admitted during the Year 1889.*

CAUSES OF INSANITY.	NUMBER OF INSTANCES IN WHICH EACH CAUSE WAS ASSIGNED.											
	Admissions			No. of Cases.								
				M., 172; F., 151; T., 323								
	As predisposing cause.*			As exciting cause.			As predisposing or exciting (where these could not be distinguished).			Total.†		
	M	F	T	M	F	T	M	F	T	M	F	T
MORAL: Domestic trouble (including loss of relatives and friends)	0	1	1	1	24	25	0	1	1	1	26	27
Adverse circumstances (including business anxieties and pecuniary difficulties) ...	0	2	2	2	3	5	0	0	0	2	5	7
Mental anxiety and worry (not included under the above two heads)	0	1	1	10	6	16	0	0	0	10	7	17
Overwork	1	0	1	5	0	5	0	0	0	6	0	6
Political excitement	0	0	0	2	0	2	0	0	0	2	0	2
Religious excitement	0	1	1	8	1	9	0	0	0	8	2	10
Love affairs	0	0	0	6	3	9	0	0	0	6	3	9
Sudden happiness	0	0	0	0	1	1	0	0	0	0	1	1
PHYSICAL: Intemperance in drink	28	3	31	35	15	50	0	0	0	63	18	81
Syphilis	5	0	5	6	0	6	0	0	0	11	0	11
Self-abuse (sexual)	1	0	1	6	0	6	0	0	0	7	0	7
Sunstroke	5	0	5	0	0	0	0	0	0	5	0	5
Injury to head (traumatic)	11	1	12	1	0	1	0	0	0	12	1	13
Parturition and the Puerperal state ...	0	0	0	0	4	4	0	0	0	0	4	4
Disordered Menstruation	0	1	1	0	7	7	0	0	0	0	8	8
Lactation	0	0	0	0	7	7	0	1	1	0	8	8
Pregnancy	0	0	0	0	3	3	0	0	0	0	3	3
Chorea	0	0	0	0	0	0	0	0	0	0	0	0
Amenorrhœa	0	1	1	0	0	0	0	0	0	0	1	1
Puberty and Adolescence	10	23	33	3	3	6	0	0	0	13	26	39
Change of life	4	8	12	2	5	7	0	0	0	6	13	19
Old age	6	8	14	4	10	14	0	0	0	10	18	28
Privation and starvation	0	1	1	2	5	7	0	0	0	2	6	8
Cerebral disease	1	1	2	35	9	44	0	0	0	36	10	46
Epilepsy... ..	0	0	0	5	9	14	0	0	0	5	9	14
Phthisis	2	1	3	12	2	14	0	0	0	14	3	17
Anæmia	0	0	0	0	0	0	0	0	0	0	0	0
Sexual Excess	1	0	1	1	0	1	0	0	0	2	0	2
Deprivation of senses	0	1	1	2	0	2	0	0	0	2	1	3
Cocaine Habit	0	0	0	1	0	1	0	0	0	1	0	1
Other bodily diseases or disorders ...	2	6	8	2	13	15	0	0	0	4	19	23
Previous attacks	69	52	121	0	0	0	0	0	0	69	52	121
Hereditary influences {	13	6	19	0	0	0	0	0	0	13	6	19
	30	29	59	0	0	0	0	0	0	30	29	59
	16	7	23	0	0	0	0	0	0	16	7	23
Congenital	3	0	3	0	0	0	0	4	4	3	4	7
Unknown	0	0	0	0	0	0	6	5	11	6	5	11

* With reference to the distinction between "predisposing" and "exciting" causes, it must be understood that no single cause is enumerated as both predisposing and exciting in the case of any individual patient.

† The figures in the Total column represent the entire number of instances in which the several causes (either alone or in combination with others) were stated to have produced the mental disorder. The excess of the aggregate of such causes over the number of patients admitted is owing to combinations of causes.

TABLE XIII.

Forms of Insanity in those Admitted—Skæ's Classification.

	Males.	Females.	TOTAL.
Congenital Insanity	1	1	2
Epileptic Insanity	6	9	15
Insanity of Puberty	0	3	3
Insanity of Adolescence	12	21	33
Climacteric Insanity	4	14	18
Senile Insanity	8	15	23
Insanity of Pregnancy	0	3	3
Puerperal Insanity	0	4	4
Insanity of Lactation	0	7	7
Insanity of Masturbation	3	0	3
Insanity from Brain Disease	12	5	17
Insanity from Deprivation of the Senses	1	0	1
General Paralysis	25	4	29
Syphilitic Insanity	7	0	7
Anæmic Insanity	0	2	2
Phthisical Insanity	13	3	16
Myxœdematous Insanity	0	2	2
Rheumatic Insanity	0	1	1
Insanity of Alcoholism	30	14	44
Insanity of Cocainism	1	0	1
Idiopathic Insanity	5	11	16
Unknown	44	32	76
TOTAL	172	151	323

TABLE XIV.

State of Bodily Health and Condition of those Admitted.

	Males.	Females.	TOTAL.
In Average Health and Condition... ..	37	32	69
In Indifferent Health and Reduced Condi- tion	112	100	212
In Bad Health and very Exhausted Condi- tion	23	19	42
TOTAL	172	151	323

TABLE XV.

Religious Persuasion of those Admitted.

				Males.	Females	TOTAL.
"Protestants" ...	...	...	...	123	119	242
Roman Catholic	...	...	...	21	12	33
"Presbyterian"	...	...	...	6	4	10
Free Church ...	...	...	...	4	6	10
Church of England	...	...	...	2	4	6
United Presbyterian	...	...	...	4	1	5
Episcopalian ...	...	...	...	3	2	5
Established Church	...	...	...	2	1	3
Baptist ...	...	...	...	1	0	1
Open Plymouth Brethren	...	...	...	0	1	1
Evangelical Union	...	...	...	0	1	1
Not Known ...	...	...	...	6	0	6
TOTAL	...	...	...	172	151	323

TABLE XVI.

Admissions, Discharges, and Deaths of each Month.

		Admissions.			Discharges.			Deaths.		
		M.	F.	T.	M.	F.	T.	M.	F.	T.
January	...	18	11	29	6	8	14	1	7	8
February	...	10	11	21	11	4	15	5	3	8
March	...	11	8	19	15	11	26	1	2	3
April	...	17	19	36	12	6	18	2	3	5
May	...	16	11	27	13	8	21	0	3	3
June	...	19	12	31	16	11	27	2	2	4
July	...	13	8	21	12	4	16	3	2	5
August	...	19	10	29	7	9	16	2	4	6
September	...	7	15	22	12	8	20	5	4	9
October	...	14	13	27	15	14	29	6	5	11
November	...	13	14	27	4	11	15	0	6	6
December	...	15	19	34	17	14	31	4	5	9
TOTAL	...	172	151	323	140	108	248	31	46	77

TABLE XVII.

Illustrations of Suicidal Tendency in those Admitted.

	Males.	Females	TOTAL.
Have attempted Suicide	16	14	30
Have meditated Suicide	26	21	47
Total Suicidal	42	35	77
<i>Forms of Insanity in which Suicide was attempted—</i>			
Mania	3	1	4
Acute Mania	1	0	1
Melancholia	12	10	22
General Paralysis	0	3	3
Total	16	14	30
<i>Forms of Insanity in which Suicide was meditated—</i>			
Mania	5	3	8
Acute Mania	0	4	4
Melancholia	17	14	31
General Paralysis	4	0	4
Total	26	21	47
<i>Nature of the attempt—</i>			
Precipitation	4	5	9
Cut-Throat	4	3	7
Drowning	3	3	6
Strangulation	2	3	5
Knocking Head Against Wall ...	2	0	2
Poisoning	1	0	1
Burning	1	0	1
Cutting His Veins	1	0	1
Sitting In Hot Water	1	0	1
Not Known	0	1	1

TABLE XVIII.

Persons Recovered in 1889.

	Males.	Females	TOTAL.
A. Recovered for the first time ...	31	25	56
(a) Re-admitted, and again Discharged Recovered ...	0	1	1
(b) Re-admitted, but not again Discharged Recovered ...	3	0	3
(b') Again Re-admitted, but not again Discharged Recovered	0	1	1
B.* Had made one or more Recoveries in previous years ...	23	16	39
(a) Re-admitted, and again Discharged Recovered ...	1	1	2
(b) Re-admitted, but not again Discharged Recovered ...	0	2	2
(b') Again Re-admitted, but not again Discharged Recovered	1	0	1
Number of Persons Recovered ...	54	41	95
Number of Cases of Recovery ...	55	43	98

* Of these Persons, 12 Males and 13 Females had made one Previous Recovery; 5 Males and 3 Females two Previous Recoveries; 4 Males and 1 Female three Previous Recoveries; 1 Male five Previous Recoveries; 1 Male six Previous Recoveries; and 1 Male eight Previous Recoveries.

TABLE XIX.

The Number of Pauper Lunatics chargeable to Parishes in the District that were not in the Royal Edinburgh Asylum on the 1st January 1890.

PARISHES.	Number of Patients.
City Parish, Edinburgh ...	159
St Cuthbert's and Canongate ...	196
South Leith ...	5
North Leith ...	4
Duddingston ...	7
TOTAL ...	371

R E P O R T S

OF THE

COMMISSIONERS IN LUNACY.



ROYAL EDINBURGH ASYLUM,
19th, 20th, and 22nd June 1889.

There are at present 838 patients on the Registers of the Asylum. Their position is shown in detail in the following statement :

	Private.		Pauper.		Totals.
	M.	F.	M.	F.	
Certificated Patients Resident	168	153	246	255	822
Absent on Probation.....	5	4	0	0	9
Absent on Pass.....	1	0	1	0	2
Absent by Escape	0	0	1	0	1
	174	157	248	255	834
Voluntary Inmates	3	1	0	0	4
Totals.....	177	158	248	255	838

These numbers represent an increase since last visit of 8 private patients and 4 paupers among the certificated patients, and a decrease of 2 among the voluntary inmates.

The following are the changes which have taken place since last visit :—

	Private.		Pauper.		Totals.
	M.	F.	M.	F.	
Admissions.....	10	10	36	29	85
Discharges Recovered.....	5	2	13	11	31
Discharges Unrecovered ..	2	2	16	11	31
Deaths.....	2	1	1	7	11

The changes among the voluntary inmates consist in the admission of 1 gentleman, and the discharge of 2 gentlemen and 1 lady.

The deaths are registered as due in 7 cases to disease of the brain, in 1 case to pneumonia, in 1 case to cancer of the stomach, in 1 case to lymphadenoma, and 1 case to suicide. The case of suicide was that of a gentleman who was of known suicidal tendency, and was consequently always under the special charge of an attendant, who had no other duty. While the patient was taking exercise in the grounds, he succeeded in eluding the attendant in charge, and strangled himself before he was discovered.

There are 84 entries in the Register of Restraint and Seclusion. These refer to the use of restraint in the treatment of 1 patient, and the use of seclusion in the treatment of 16 patients. There have been 8 escapes in which the patient was absent over night before being brought back. There are 3 entries in the Register of Accidents besides the case of suicide already mentioned. None of the 3 were of serious character, or involved blame to those in charge.

The patients were found suitably provided for in every department of the establishment. The commendation which it has become usual to bestow on the care and ability displayed both in the administration of the institution and in the individual treatment of the patients continues to be fully deserved.

Increased efficiency has been recently given to the means of elucidating the nature of insanity by a well devised extension of the pathological laboratory. This is to be cordially commended, because the improved treatment of the insane has been greatly influenced by the scientific study of diseases of the brain; and the attention which is bestowed on such study in this Asylum has already yielded useful results.

All parts of the Asylum were found in excellent order.

The usefulness of the Asylum as a public institution has been year by year becoming more and more impaired by the way in which the East House and its grounds are overlooked by high buildings which have been erected in its vicinity. The necessity for taking steps to provide accommodation for the patients on a more suitable site has therefore been for some time recognised by

all persons in the district who take an interest in the treatment of the insane, and has received the anxious consideration of the Managers of the Asylum. In accordance with this feeling, it was seen with much satisfaction that the work of providing the New Asylum at Craighouse is now in active progress. The excavations for the foundations of the structure are being made, contracts having been accepted for proceeding with this part of the work.

The site which has been selected possesses almost every feature that could be desired in a site for a Public Asylum, except that on one side it will be impossible, without somewhat inconvenient arrangements and considerable expense, to prevent the grounds from being overlooked from the rising ground immediately outside the boundary. It is understood that the Asylum Managers have endeavoured unsuccessfully to acquire the ground known as Easter Craiglockhart Hill, which includes the rising ground referred to. If this ground were acquired, the only objection to the site would be removed, and the usefulness of the institution would be greatly increased. The failure to obtain it is, in the interests of the insane, and therefore in the interests of the public, all classes of the community being liable to insanity, much to be regretted. It is to be hoped, indeed, that the matter may still be open to reconsideration, and that if no more can be done, the Managers may at least be able to acquire a narrow strip of ground outside the western boundary of the estate. This, even if of so small extent as not seriously to affect the suitability of the Hill for other purposes, would be of the utmost advantage to the patients. It does not seem to admit of doubt, that a willingness will be shown to aid in preventing them from being subjected to the gaze of idle curiosity.

The Books and Registers of the Asylum were examined, and were found correctly kept.

JOHN SIBBALD,
Commissioner in Lunacy.

ROYAL EDINBURGH ASYLUM,
25th, 26th, and 27th February 1890.

There are 813 patients at present on the Register of the Asylum—398 men and 415 women. Of the total number, 323 are private and 490 are pauper patients. Of the private patients 172 are men and 151 are women. Of the pauper patients, 226 are men and 264 are women. All the persons on the Register are certificated patients except 6 private patients—3 men and 3 women—who are voluntary inmates.

There are 7 private patients—5 men and 2 women—at present absent on probation, and 2 pauper patients, both women, absent on pass. The total number of patients resident is thus 804.

The following statement shows the changes in the population which have taken place since the date of last visit :—

I. Among the certified patients.

				Private Patients.		Pauper Patients.		Totals.
				M.	F.	M.	F.	
Admitted	...	...	...	23	13	87	101	224
Discharged Recovered...				12	10	21	24	67
Discharged Unrecovered				5	8	57	37	107
Dead	...	...	...	12	6	30	29	77

II. Among the voluntary inmates.

Admitted	...	...	...	2	2	0	0	4
Left	...	...	...	2	0	0	0	2
Dead	...	...	...	0	0	0	0	0

These figures show that the number of patients discharged as recovered, unrecovered, or dead, has exceeded the number of patients admitted, so that there has been no growth of the population. For the removal of pauper patients, who are incurable and harmless, either to Licensed Wards of Poorhouses or to care in Private Dwellings, every facility is given.

The causes of death call for no special remark. In the cases of 61 of the 77 patients who died, a post-mortem examination was made. The staff of the Asylum now includes a Pathologist, and all post-mortem examinations are made with even greater care than was formerly the case, and with a strong desire to obtain

from them useful additions to our knowledge of what are called mental diseases.

There are 99 entries in the Register of Restraint and Seclusion, referring to the restraint of 1 person and the seclusion of 30 persons. The Restraint was needed in the treatment of a surgical case. At the time of the visit no patient was seen wearing any kind of special dress.

Seven accidents are recorded. These include dislocation of the shoulder, fracture of a diseased humerus, fracture of the neck of the femur, and fracture of a rib. The other accidents may be described as of a trifling character.

Twelve patients escaped, and were absent for at least one night before being brought back.

The erection of the new buildings on the Craig House estate has fairly begun, and the work is proceeding with activity.

The top of Craiglockhart Hill is now the property of the Directors. The price paid for it is high, but not beyond its value to the Institution. The privacy of the patients is now for all time coming secured, and the only possible defect of the site is removed. In addition to this gain, the top of the Hill forms a valuable addition to the amenities of the grounds.

The Asylum was everywhere found in excellent order, and the condition of the patients was highly satisfactory. The tranquillity and contentment which prevailed could not fail to attract attention. The thoroughness of the study of the history and condition of every person admitted into the Asylum is realised by many of the patients, and is a source of contentment. They feel that great interest is taken in them, and that the best is being done for them—that there is both a kindly consideration of their unfortunate condition, and a most earnest desire to restore them to mental and bodily health. In visiting this Asylum, it is impossible not to be impressed with the way in which the Medical function of Superintendence pervades the whole management; and leads both to the cure of the curable and to the comfort and well-being of the incurable. This refers equally to pauper and private patients, and equally to measures which involve an outlay of money, and to those which involve an outlay of time and

trouble. Prolonged expensive feeding, with a view to bring about a recovery, is as freely bestowed on a pauper as on a private patient. In several forms of insanity great trust is placed in good feeding, and the results of treatment appear to justify that trust. Eggs and milk are much used. During 1889, 16,824 dozens of eggs and 46,981 gallons of milk were supplied to the Asylum. The meal, flour, butter, cheese, and tea, which are used in the Asylum, were examined, and were regarded as of excellent quality.

On one of the days of the visit the patients in the large Dining Hall had a fish dinner, which was cooked and served in a remarkably tidy manner. The heads and tails are cut off and made into soup for middle-class patients. The bodies of the fish are neatly divided into pieces, each sufficient for a patient, and stewed in flat trays in the bakehouse.

The Hospital arrangements are, if possible, increasingly satisfactory. The nursing on the female side has been noticed with much commendation in many previous reports. That on the male side is now carried on by a female nurse with men acting under her, and appears to be very efficient.

The Books and Registers were examined, and were as usual found to be accurately and carefully kept.

ARTHUR MITCHELL, *Commissioner in Lunacy.*

JOHN FRASER, *Deputy-Commissioner in Lunacy.*

A B S T R A C T

OF THE

TREASURER'S ACCOUNTS OF INTROMISSIONS

FOR THE YEAR 1889.

C H A R G E.

I. Balance of last Account at 31st December 1888	.	.	.	£3,557	19	0
II. Arrears of Board given up in last Account.	.	.	.	705	15	9
III. Patients' Boards, per Board-books—						

	<i>Males.</i>	<i>Females.</i>
Quarter ending 31st March 1889	£4,937 4 1	£4,842 17 2
Do. do. 30th June „	4,862 19 5	4,738 19 7
Do. do. 30th Sept. „	4,929 9 2	4,803 17 4
Do. do. 31st Dec. „	4,943 9 4	4,700 13 0

£19,673 2 0	19,086 7 1
	19,673 2 0

£38,759 9 1

Deduct—Repayments of Board for Patients who
left the Asylum during 1888

35 8 9

38,724 0 4

IV. Accounts due by Patients for Clothes and extraordinary furnishings of various kinds supplied through the House Steward and Matron at the expense of the Institution, and charged against the recipients—

	<i>Males.</i>	<i>Females.</i>
Quarter ending 31st March 1889	£427 7 2	£656 13 11
Do. do. 30th June „	337 10 9	299 3 8
Do. do. 30th Sept. „	328 13 2	396 12 2
Do. do. 31st Dec. „	356 10 2	347 19 6

£1,450 1 3	£1,700 9 3
	1,450 1 3

3,150 10 6

V. Price of Crops, Pigs, and Sundries disposed of—

1. Received for Pigs	£449 7 6
2. Received for Wheat, &c.	46 17 4
3. Received for Rags and Sundries	69 16 5

566 1 3

VI. Price of Clothing supplied to Pauper Patients belonging to St
Cuthbert's Parish leaving Institution during 1889

60 5 11

VII. Price of Trees removed from Craighouse

59 10 0

VIII. Rents of Grass Parks, &c., Season 1889

134 15 1

IX. Interests received from Invested Funds, &c.

378 16 2

X. Bank Deposits uplifted (see also Branch xix of Discharge)

11,900 0 0

XI. Claim under Policy of Insurance in respect of damage done
by fire at East House

5 17 0

Amount of the Charge

£59,243 11 0

DISCHARGE.

	East House.			West House.			TOTAL.		
	£	s.	d.	£	s.	d.	£	s.	d.
I. Expense of Provisions . . .	5,234	5	8	8,489	3	8	13,723	9	4
II. Do. Clothing, Bedding, Napery, &c.	200	11	0	1,651	12	6	1,852	3	6
III. Do. Fuel	272	15	4	742	11	10	1,015	7	2
IV. Do. Lighting	201	2	9	406	6	7	607	9	4
V. Do. Water and Washing materials . . .	245	2	6	361	5	7	606	8	1
VI. Do. Medicines and Surgical Instruments, Disinfectants, &c.	181	6	4	301	14	9	483	1	1
VII. Do. Books and Stationery . . .	109	1	0	159	11	8	268	12	8
VIII. Do. Tobacco and Snuff . . .	...	...	...	174	5	7	174	5	7
IX. Do. Sundry Furnishings . . .	705	8	2	2,629	3	3	3,334	11	5
X. Do. Garden and Grounds . . .	246	15	1	361	2	1	607	17	2
XI. Public and Parochial Burdens . . .	313	13	0	238	11	2	552	4	2
XII. Interest on Loans paid . . .	...	...	...	1,415	15	2	1,415	15	2
XIII. Feu-duties and Stipend . . .	855	15	6	383	15	5	1,239	10	11
XIV. Insurance Premiums	25	19	5	37	14	10	63	14	3
XV. Salaries and Wages	3,632	18	5	5,387	0	7	9,019	19	0
XVI. Miscellaneous Payments . . .	344	12	11	241	0	2	585	13	1
XVII. Accounts paid on behalf of Patients and charged against them . . .	2,277	15	0	589	15	8	2,867	10	8
Ordinary Expenditure	14,847	2	1	23,570	10	6	38,417	12	7
XVIII. Special Expenditure on New Craig House . . .	.	.	.	.	.	.	3,119	12	7
XIX. Sums temporarily invested . . .	.	.	.	.	.	.	15,779	8	9
XX. Arrears of Board, &c., at 31st December 1889 . . .	.	.	.	.	.	.	619	17	5
XXI. Balance of Account at do. . . . .	.	.	.	.	.	.	1,306	19	8
Amount of the Discharge equal to Charge . . .							£59,243	11	0

ABSTRACT of ORDINARY RECEIPTS and of ORDINARY and EXTRAORDINARY PAYMENTS of the EAST HOUSE, including CRAIG HOUSE and MYRESIDE COTTAGE.

Year to 31st December 1889.

RECEIPTS.

1. Boards	£15,716	5	6
2. Extra Accounts	2,502	7	0
3. Produce and Sundries sold	87	4	8
4. Rents of Grass Parks, &c	134	15	1
5. Value of Trees removed from Craig House	59	10	0
6. Sum recovered from Caledonian Insurance Company under Fire Insurance Policy	5	17	0
7. Interest on Monies temporarily invested	378	16	2
8. Do. on £252 18s. 1d., being amount of loan to West House at close of 1888 for year 1889 at 3 $\frac{3}{4}$	9	9	9
	£18,894	5	2

ORDINARY PAYMENTS.

1. Amount thereof, as stated in foregoing Discharge . . .	£14,847	2	1
2. Value of labour performed by tradesmen, assisted by patients, for East House	471	1	2
3. Proportion of £300 additional, as the estimated value of pauper labour in keeping the grounds, in terms of Report by Mr Haldane, C.A.	121	15	1
	15,439	18	4
Surplus ordinary receipts of East House for 1889 . . .	£3454	6	10
Deduct Extraordinary Payments in connection with New Craig House as per foregoing Discharge	3119	12	7
Net Surplus Receipts of East House for 1889	£334	14	3

ABSTRACT of ORDINARY RECEIPTS and PAYMENTS of the WEST HOUSE.

Year to 31st December 1889.

RECEIPTS.

1. Boards	£23,007 14 10
2. Extra Accounts	648 3 6
3. Produce and Sundries sold	478 16 7
4. Price of Clothing sold	60 5 11
5. Value of patients' labour performed for East House, as before (see East House Payments 2 and 3)	592 16 3
	<hr/>
	£24,787 17 1

PAYMENTS.

1. Amount thereof, as stated in foregoing Discharge	£23,570 10 6
2. Interest at $3\frac{3}{4}$ on debt due to East House, as before	9 9 9
3. Fifth instalment to Sinking Fund	£2,701 15 1
Less interest on £39,000, included in	
No. 1 hereof	£1,415 15 2
Do. on debt due to East House, as per No. 2 hereof	9 9 9
	<hr/>
	1,425 4 11
	<hr/>
	1,276 10 2
	<hr/>
	24,856 10 5
Excess of Payments over Receipts for 1889	<hr/>
	£68 13 4

ESTIMATED PROFIT ON PRIVATE PATIENTS in EAST and WEST HOUSES.

1. Amount of accumulated profits as per last Account	£17,141 15 1
2. Surplus ordinary income of East House for 1889, as before	3,454 6 10
3. Profit on Intermediates for 1889	169 18 1
	<hr/>
	£20,766 0 0
Add—Sum borrowed on Bond at $3\frac{1}{2}$	900 0 0
	<hr/>
	21,666 0 0
Deduct—Payments in connection with New Craig House as before	3,119 12 7
	<hr/>
	£18,546 7 5

Note—The above sum of £18,546 7s. 5d. is composed of the following:—

1. Sums invested during 1889, as detailed in Branch XIX. of Discharge	£15,779 8 9
2. Deposit Receipt of Commercial Bank of Australia	1,000 0 0
3. Balance on the foregoing account at 31st December 1889	1,306 19 8
4. Arrears at close of 1889	£619 17 5
Less arrears at 31st December 1884, when indebtedness of West House was fixed by the Court	274 17 9
	<hr/>
	344 19 8
5. Debt due by West House to East House	114 19 4
	<hr/>
	£18,546 7 5

TABULAR VIEW of the Cost of Maintenance per Head of East House Intermediate, and Pauper Patients for the Year 1889, the numbers being, East House 127, Intermediates 132, and Paupers 565.

	East House.			Intermediates			Paupers.		
	£	s.	d.	£	s.	d.	£	s.	d.
1. Provisions, including Vegetables, except in so far as supplied from grounds held to be covered by cost of Gardens and Grounds No. 15	41	4	3½	14	8	7	6	11	6
2. Extra diet (included in No. 1 as regards East House)	...	...	...	1	16	10	2	1	3¾
3. Share of Attendants provisions do.	...	...	...	2	0	6¼	1	12	5
4. Stimulants and Cordials	...	...	...	...	...	...	0	9	9½
5. Clothing	...	...	...	...	...	...	2	4	0
6. Bedding and Napery	1	11	7	0	15	6¾	0	15	6¾
7. Fuel	2	2	11½	1	1	3¾	1	1	3¾
8. Lighting	1	11	8	0	11	8	0	11	8
9. Water and Washing materials	1	18	7¼	0	10	4½	0	10	4½
10. Medicines and Surgical Apparatus	1	8	6¾	0	8	7¾	0	8	7¾
11. Books and Stationery	0	17	2	0	4	7	0	4	7
12. Tobacco and Snuff	...	...	...	...	...	...	0	6	2
13. Furnishings and Repairs	5	11	1	4	19	9	3	9	9
14. Public and Parochial Burdens	2	9	4½	0	6	10¼	0	6	10¼
15. Expenditure on Gardens and Grounds	1	18	10¼	0	10	4½	0	10	4½
16. Feu-Duties and Stipend	6	14	9¼	0	11	0¼	0	11	0¼
17. Fire Insurance	0	4	1	0	1	1	0	1	1
18. Salaries and Wages	28	12	1¼	8	14	1¼	7	10	0¼
19. Miscellaneous Payments	2	14	3¼	0	6	11	0	6	11
20. Value of labour performed by tradesmen and patients for East House	4	13	4¼	...	...	...	...	...	...
21. Instalment to Sinking Fund, as sanctioned by Court	...	...	...	3	17	6¼	3	17	6¼
<i>Deductions.</i>	103	12	8¾	41	5	8½	33	10	10½
1. From East House									
(1.) Price of Pigs, Crops, and Sundries sold	£0	13	8¾						
(2.) Rent of Grass Parks	1	1	2½						
	1	14	11¼						
2. From Paupers—									
(1.) Price of Pigs, Crops, and Sundries sold	£0	13	8¾						
(2.) Value of labour performed by patients for East House and Intermediate patients	1	6	4¼						
(3.) Value of Clothing sold	0	2	1½						
	...	...	...	...	...	...	2	2	2½
<i>Add—</i> To Intermediates value of indoor labour performed by patients, and chargeable against Intermediates.	£1	3	0						
<i>Less—</i> Price of Pigs, Crops, and Sundries sold	0	13	8¾						
	...	...	...	0	9	3¼			
	101	17	9½	41	14	11¾	31	8	8

CONTRAST of ORDINARY RECEIPTS and PAYMENTS for the Year 1889
with the previous Year.

1888.			RECEIPTS.	1889.		
£	s.	d.		£	s.	d.
39,504	1	3	I. Boards	38,724	0	4
2,944	18	4	II. Extra Accounts due by Patients	3,150	10	6
			III. Produce and Sundries sold—			
435	19	3	1. Price received for Pigs	449	7	6
31	0	6	2. Do. for Oats, &c.	46	17	4
57	15	5	3. Do. for Rags and Sundries	69	16	5
176	8	1	IV. Rent of Craig House Grass Parks	134	15	1
			V. Price of Clothing supplied to Paupers leaving Institution	60	5	11
50	19	5	VI. Price of Trees removed from Craighouse	59	10	0
...	...	...	VII. Law Expenses recovered from North British Railway Company . . . . .	...	...	...
141	2	2	VIII. Claim under Fire Policy of Assurance in respect of damage by fire	5	17	0
5	0	0	IX. Interests received during year	378	16	2
149	5	2	X. Do. on Price of Ground sold to North British Railway Company . . . . .	...	...	...
593	8	7				
44,089	18	2		43,079	16	3

1888.			PAYMENTS.	1889.		
£	s.	d.	I. PROVISIONS.	£	s.	d.
1,394	13	8	Bread, etc.	1,576	3	8
2,744	12	4	Butcher Meat	3,065	6	5
208	0	0	Extract of Meat	225	13	0
243	15	7	Preserved Meat	249	10	2
414	16	11	Fish and Salt Herrings	436	9	10
182	12	9	Game and Fowl	169	15	5
1,623	11	1	Milk and Cream	1,663	17	4
107	19	5	Fresh Butter	101	18	3
465	10	8	Tea	547	4	5
187	2	0	Coffee and Chicory	190	9	11
354	3	3	Sugar	474	14	5
1,091	12	6	Salt Butter	1,092	0	11
514	3	9	Cheese	460	16	1
143	8	1	Currants, Raisins, Fruits, etc.	104	4	4
114	8	7	Arrowroot, Corn Flour, Tapioca, Sago, Rice, etc.	111	13	10
264	13	5	Ham, Bacon, and Lard	279	8	7
56	13	9	Salt, Mustard, and Pepper	62	6	4
57	9	4	Vinegar, Ketchup, and other Sauces	64	16	0
268	7	0	Oatmeal	297	14	3
67	0	6	Barley	70	7	5
37	12	6	Pease	54	1	3
763	1	4	Eggs	825	17	8
434	6	4	Potatoes, Carrots, etc.	517	2	5
11,739	14	9	Carry forward	12,641	11	11

CONTRAST of RECEIPTS and PAYMENTS—*Continued.*

1888.			PAYMENTS— <i>Continued.</i>				1889.		
£	s.	d.					£	s.	d.
11,739	14	9	Brought forward				12,641	11	11
620	12	0	Ale, Porter, and Beer	.	.	.	563	17	7
140	12	3	Aerated Waters	.	.	.	134	9	2
517	18	8	Wines and Spirits	.	.	.	463	4	8
145	5	7	Sundries	.	.	.	147	16	0
13,164	3	3	<i>Deduct</i> —Wines, Spirits, Porter, and Ale included				13,950	19	4
294	0	8	in the above expenditure chargeable to individual				227	10	0
			patients, and carried to Branch XVII.						
12,870	2	7					13,723	9	4
			II. CLOTHING, BEDDING, NAPERY, &c.						
104	14	6½	Wincey	.	.	.	103	13	9
50	15	7	Flannel	.	.	.	53	8	3½
131	16	7	Cotton	.	.	.	132	12	11½
0	8	4	Muslin	.	.	.	7	6	9
27	15	0	Shawls	.	.	.	21	18	0
54	2	10	Corduroy	.	.	.	38	15	8
50	6	11	Shirting	.	.	.	48	3	8
128	16	4	Tweeds	.	.	.	103	16	4½
66	18	6	Worsted	.	.	.	48	13	9
29	16	0	Socks	.	.	.	38	15	0
55	1	2½	Plaiding	.	.	.	81	3	2
135	13	6	Blankets	.	.	.	110	10	8
141	2	0½	Sheeting	.	.	.	161	16	9½
32	3	0	Quilts and Bed Covers	.	.	.	51	8	6
39	2	4	Bed Tick	.	.	.	43	12	10
177	2	0½	Linen and Dowlas	.	.	.	202	16	7
48	6	4½	Towelling	.	.	.	43	7	4
24	19	3	Canvas	.	.	.	12	3	6
18	6	11	Table Damask	.	.	.	67	17	0½
12	4	1	Toileting and Toilet Covers	.	.	.	23	17	8½
16	1	10	Handkerchiefs, Table Napkins, and Glass Cloths	.	.	.	6	3	0
19	12	0	Stays	.	.	.	15	0	0
15	15	7½	Straw Bonnets, Hats, and Ribbons	.	.	.	9	19	10
166	0	0	Boots, Shoes, Clogs, and Slippers	.	.	.	162	17	6
113	0	2	Leather for Shoes and Sundries	.	.	.	91	13	11
59	10	1	Waterproof Sheetting	.	.	.	28	14	2
14	1	4	Cost of making suits for Gatekeeper and others	.	.	.	14	4	0
146	4	9	Thread, Buttons, Needles, Trimmings, and Sundries	.	.	.	127	12	9
1,879	17	2					1,852	3	6
			III. FUEL.						
1,049	3	6	Coal	.	.	.	1,015	7	2
			IV. LIGHTING.						
585	3	7	Gas	.	.	.	600	16	5
3	3	0	Candles	.	.	.	6	12	11
588	6	7					607	9	4

CONTRAST of RECEIPTS and PAYMENTS—*Continued.*

1888.			PAYMENTS— <i>Continued.</i>			1889.		
£	s.	d.	V. WASHING MATERIALS.			£	s.	d.
273	5	0	Water	.	.	271	15	0
297	4	4	Soap	.	.	291	16	8
29	11	2	Soda	.	.	30	3	5
9	12	5	Starch	.	.	12	13	0
609	12	11				606	8	1
			VI. MEDICAL AND SURGICAL EXPENSES.					
386	12	7	Drugs, etc.	.	.	401	16	2
49	16	6	Disinfectants	.	.	57	4	3
15	7	7	Surgical Instruments	.	.	15	12	8
15	15	0	Medical Fees	.	.	8	8	0
467	11	8				483	1	1
			VII. BOOKS AND STATIONERY.					
42	7	10	Books	.	.	37	14	6
99	8	5	Stationery	.	.	114	14	7
21	7	4	Bookbinding, &c.	.	.	16	12	4
113	19	9	Newspapers, Periodicals, and Amusements	.	.	99	11	3
277	3	4				268	12	8
			VIII. TOBACCO AND SNUFF.					
198	16	1				174	5	7
			IX. FURNISHINGS FOR HOUSE AND REPAIRS.					
271	17	0	Ironmongery, Cutlery, &c.	.	.	313	11	7
266	9	0	Furniture	.	.	151	14	5
328	19	6	Crockery and Crystal	.	.	278	18	9
79	8	9	Carpets, Matting, &c.	.	.	271	5	6
74	16	1	Brushes and Door Mats, etc.	.	.	82	7	5
79	5	6	Iron Water Tank, Pump, and repairing Washing Machine	.	.	...	...	...
28	19	10	Glass	.	.	45	17	1
332	2	9	Oils and Varnish	.	.	387	7	7
29	16	0	Corks	.	.	26	0	0
19	14	5	Metal Castings	.	.	19	17	3
132	1	7	Wood for Repairs	.	.	157	17	6
444	3	1	Painter Work	.	.	461	1	3
193	0	7	Plumber do.	.	.	150	3	2
21	9	11	Tinplate, Wire, &c.	.	.	15	4	0
15	8	3	Sacks, Rope, and Twine	.	.	12	1	6
63	3	10	Tiles, Bricks, and Lime	.	.	50	18	9
28	9	8	Baskets, Barrels, &c.	.	.	33	9	10
18	10	1	Indiarubber and Waterproof Goods	.	.	15	16	4
18	5	0	Bell-hanging	.	.	44	10	6
41	4	8	Engineering	.	.	76	15	2
15	0	0	Piano	.	.	...	...	...
46	0	0	Concreting Curling Pond	.	.	...	...	...
...	...	...	Rebuilding Boundary Walls	.	.	123	5	10
592	11	1	Sundries	.	.	616	8	0
3,140	16	7				3,334	11	5

CONTRAST of RECEIPTS and PAYMENTS—*Continued.*

1888.	PAYMENTS— <i>Continued.</i>	1889.
£ s. d.	X. GARDEN AND GROUNDS.	£ s. d.
319 14 11	Plants, Seeds, &c., Seed Potatoes, Wheat, and Oats	301 4 7
82 8 6	Manure	61 3 2
22 7 8	Pigs' and Horses' Meat	56 1 5
53 6 2	Garden Implements and Wheelbarrows	17 1 11
155 15 0	Straw	118 10 0
19 16 1	Shoeing Horses and Repairing Harness	27 2 9
45 0 0	Cart Horse . . . . .	... ..
52 0 3	Road Metal and Gravel	26 13 4
9 4 0	Wire, &c. . . . .	... ..
29 19 8	Sundries . . . . .	... ..
789 12 3		607 17 2
	XI. PUBLIC AND PAROCHIAL BURDENS.	
11 13 7	County Rates	13 3 7
179 2 5	Property and Income Tax	161 18 6
0 4 4	Land Tax	0 4 4
34 2 6	House Duty	34 2 6
186 1 8	Burgh Rates	214 14 9
124 10 11	Poor and School Rates	112 8 11
1 6 3	Road Assessment	1 6 3
3 0 0	Assessed Taxes	5 2 0
9 4 2	Public Water Rate	9 3 4
0 15 2	Heritors' Assessment for Repairs to St. Cuthbert's Church . . . . .	... ..
550 1 0		552 4 2
1,414 17 3	XII. INTEREST ON DEBT.	1,415 15 2
	XIII. FEU DUTIES AND STIPEND.	
1,142 18 2	Feu Duties	1,210 11 0
27 8 6	Stipend	28 19 11
1,170 6 8		1,239 10 11
64 11 3	XIV. INSURANCE.	63 14 3
	XV. SALARIES AND WAGES.	
1,200 0 0	Physician-Superintendent	1,200 0 0
398 17 0	Three Assistant Physicians	398 18 8
26 5 0	Pathologist	52 10 0
195 0 0	Chaplain	200 0 0
243 15 0	House Steward	250 0 0
105 0 0	Gardener	105 0 0
107 10 0	Storekeeper	115 0 0
650 0 0	Treasurer and Clerk	650 0 0
70 0 0	Auditor	70 0 0
87 10 0	Matron of West House	90 0 0
184 4 0	Matrons of East House and Craig House	170 0 0
5,323 5 4	Attendants' Wages	5,499 8 5
288 13 6	Annuities to Old Attendants	219 1 11
8,879 19 10		9,019 19 0

CONTRAST of RECEIPTS and PAYMENTS—*Continued.*

1888.			PAYMENTS— <i>Continued.</i>	1889.		
£	s.	d.	XVI. MISCELLANEOUS.	£	s.	d.
16	2	4	Advertising	16	14	6
403	5	1	Cab Hires	436	4	11
176	18	7	Law Expenses	37	18	10
201	7	4	Postages, Porters, Telegrams, Bank Exchanges, &c.	190	0	4
41	17	3	Rewards to Patients, Attendants, &c.	49	12	10
9	15	0	Travelling Expenses	20	11	0
25	14	6	Fees to Architects, Surveyors, &c.	24	0	6
57	17	1	Washing Clothes . . . . .	...	...	...
...	...	...	National Telephone Company	10	0	0
...	...	...	Contribution towards Expenses incurred by Dr Need-	30	0	0
			ham, Gloucester Asylum in Income Tax Appeal	1	3	2
14	8	10	Sundries			
947	6	0	<i>Deduct</i> —Cab Hires, &c., paid Scott, Croall, and Son	816	6	1
217	12	0	included in the above expenditure, chargeable to	230	13	0
			individual patients, and carried to Branch XVII.			
729	14	0		585	13	1
			XVII. ACCOUNTS PAID and MONEYS ADVANCED on			
			behalf of individual Patients, against whom			
			the same are charged.			
2,280	8	9	Total	2,409	7	8
294	8	0	<i>Add</i> —Expense of Wines, Spirits, Porter, and Ale	227	10	0
217	12	0	chargeable to individual patients, and carried	230	13	0
			from Branch I.			
			Do. of Cab-hires, &c. carried from Branch XVI.			
2,792	1	5		2,867	10	8
			East House £2,277 15 0			
			West House 589 15 8	2,867	10	8
			XVIII. SPECIAL EXPENDITURE in connection with			
			the Erection of New Craighouse			
			1. Excavations	757	7	3
			2. Hoarding	264	11	8
			3. Sample-wall	49	16	7
			4. Surveyor	788	9	6
			5. Lithographing, Printing, Colouring, &c. of Plans,	102	3	6
			Contracts, &c.	65	2	2
			6. Clerk of Works	1,058	5	11
			7. Architect	33	16	0
			8. Expense of Building Contracts			
				3,119	12	7
XIX.	SUMS	invested		£15,779	8	9
XX.	ARREARS	at 31st December 1889		£619	17	5

CONTRAST of TOTAL PROVISIONS, &c., supplied from Store for the
Year 1889 with the previous Year.

1888.	PROVISIONS, &c.	1889.	INCREASE.	DECREASE.
111,086 lbs.	Butcher Meat . . .	112,083 lbs.	997 lbs.	...
11,790 ,,	Preserved Meat . . .	12,464 ,,	674 ,,	...
17,907 ,,	Oxheads . . .	17,876 ,,	...	31 lbs.
6,511 ,,	Ham . . .	6,639 ,,	128 ,,	...
2,668 doz.	Biscuits . . .	2,821 doz.	153 doz.	...
81,407 loaves	Loaves . . .	83,943 loaves	2,536 loaves	..
97,075 rolls	Rolls . . .	100,282 rolls	3,207 rolls	...
53,840 lbs.	Oatmeal . . .	52,712 lbs.	...	1,128 ,,
10,905 ,,	Flour . . .	11,272 ,,	367 lbs.	...
17,119 ,,	Barley . . .	13,680 ,,	...	3,439 ,,
13,144 ,,	Pease . . .	13,360 ,,	216 lbs.	...
5,822 ,,	Whole Rice . . .	6,052 ,,	230 ,,	...
5,092 ,,	Tea . . .	5,110 ,,	18 ,,	...
3,918 ,,	Coffee . . .	3,878 ,,	...	40 ,,
36,111 ,,	Raw Sugar . . .	39,637 ,,	3,526 ,,	...
7,441 ,,	Loaf Sugar . . .	4,027 ,,	...	3,414 ,,
1,460 ,,	Fresh Butter . . .	1,459 ,,	...	1 ,,
20,647 ,,	Salt Butter . . .	21,402 ,,	755 lbs.	...
31,244 gals.	Sweet Milk . . .	33,867 gals.	2,623 gals.	...
13,148 ,,	Skimmed Milk . . .	13,114 ,,	...	34 ,,
21,192 lbs.	Cheese . . .	21,027 lbs.	...	165 ,,
15,436 doz.	Eggs . . .	16,824 doz.	1,388 doz.	...
22,152 lbs.	Salt . . .	22,624 lbs.	472 lbs.	...
1,502 ,,	Currants . . .	1,596 ,,	94 ,,	...
772 ,,	Starch . . .	781 ,,	9 ,,	...
19,067 ,,	Soda . . .	19,969 ,,	902 ,,	...
34,499 ,,	Soap (yellow and soft) .	41,692 ,,	7,193 ,,	...
19,308 gals.	Beer . . .	18,872 gals.	...	436 gals.
863 bolls	Potatoes . . .	786 bolls	...	77 bolls

CONTRAST of VALUE of STOCK on hand in Store at 31st December
1889 with the previous Year.

1888.		1889.	INCREASE.	DECREASE.
£ s. d.	Provisions—	£ s. d.	£ s. d.	£ s. d.
774 2 0	Groceries and Stimulants (including Baker's Stock)	897 11 8	123 9 8	...
812 9 6	House Furnishings . . .	947 11 9	135 2 3	...
168 3 0	Male Clothing . . .	179 14 2	11 11 2	...
219 8 5	Female do. . .	111 11 4	...	107 17 1
208 18 9	Ironmongery and Tin Goods .	290 5 11	81 7 2	...
145 0 0	Amount for Pigs . . .	150 0 0	5 0 0	...
100 0 0	Oats, Barley, Wheat and Straw	120 0 0	20 0 0	...
2,428 1 8	Total for 1889 .	2,696 14 10	376 10 3	107 17 1
	Total for 1888 .	2,428 1 8	107 17 1	
	Increase .	268 13 2	268 13 2	

STATE OF DEBT due by the EAST HOUSE of the ROYAL EDINBURGH
ASYLUM FOR THE INSANE, as at 31st December 1889.

[illegible]

STATE OF DEBT due by the WEST HOUSE of the ROYAL EDINBURGH
ASYLUM FOR THE INSANE, as at 31st December 1889.

Amount	£38,100	0	0
<i>Add</i> —Debt due to East House, at 31st December 1889	114	19	4
	<hr/>		
	£38,214	19	4

STATE showing the Operation of the SINKING FUND during 1889, and contrasting the amount of the Actual Debt at the close of the Year with the Debt as estimated by Mr James Martin, C.A., in his "Report on the creation of a Sinking Fund."

Estimated Debt.				Actual Debt.		
£	s.	d.		£	s.	d.
43,181	10	6	Amount of Debt at 31st December 1888 . . .	39,252	18	1
1,727	5	2	Add—(1.) One Year's Interest to 31st December 1889 . . . £1,425 4 11			
			(2.) Excess of West House Pay- ments over Receipts as on page 59 68 13 4			
			(3.) Surplus Ordinary Income effeiring to Intermediates 169 18 1			
				1,663	16	4
44,908	15	8		40,916	14	5
2,701	15	1	Deduct—Fifth Instalment to Sinking Fund	2,701	15	1
42,207	0	7		38,214	19	4

A B S T R A C T

OF THE

TREASURER'S INTROMISSIONS

WITH THE

FUNDS ADMINISTERED BY THE CHARITY COMMITTEE

FOR THE YEAR 1889.

CHARGE.

I. One Year's Interest of £9,250, less Tax and Interest on Balance due to Treasurer	£327	16	6
II. Donations received from the following—			
Sir John Don-Wauchope, Bart.	£0	10	0
George Seton, Esq., St. Bennets	0	5	0
		0	15
III. Balance due to Treasurer at 31st December 1889	200	9	7
Amount of the Charge	£529	1	1

DISCHARGE.

I. Balance of last Account rendered 31st December 1888	£29	6	10
II. Sum paid to Royal Edinburgh Asylum for the Insane in relief of Patients' Boards during the year	499	14	3
Amount of Discharge equal to Charge	£529	1	1

STATE OF FUNDS AT 31st DECEMBER 1889.

Amount held in Loan by Managers of Asylum	£9,250	0	0
Deduct Balance due to Treasurer, as above	200	9	7
	£9,049	10	5

A B S T R A C T

OF THE

T R E A S U R E R ' S I N T R O M I S S I O N S

WITH THE

B E V A N T R U S T F U N D

F O R T H E Y E A R 1 8 8 9 .

C H A R G E .

I. Surplus Revenue at close of last Account	£43 16 3
II. Income derived from Invested Funds during the year	191 12 10
III. Sum received from Mrs Bevan's Trustees per Dr Mowbray, W.S., to account of revenue from her estate	100 0 0
	<hr/>
	£335 9 1
	<hr/>

D I S C H A R G E .

I. Sum Paid Royal Edinburgh Asylum for the Insane in relief of Patients' Boards during the year	£319 17 1
II. Expense of Management	11 11 5
III. Surplus Revenue at close of this Account	4 0 7
	<hr/>
Amount of Discharge equal to Charge	£335 9 1
	<hr/>

S T A T E O F F U N D S A T 3 1 s t D E C E M B E R 1 8 8 9 .

Amount of Invested Funds	£5,600 0 0
Surplus Revenue, as above	4 0 7
	<hr/>
	£5,604 0 7
	<hr/>

STATEMENT OF WORK

DONE AT

THE ROYAL EDINBURGH ASYLUM

During the Year ending 31st December 1889.

The Work is estimated by charging Journeymen's Wages only.

I. TAILORS.

Making 96 jackets, at 5s.	. . . .	£28 16 0	
„ 60 vests, at 2s. 6d.	. . . .	7 10 0	
„ 229 pairs corduroy trousers, at 2s. 6d.		28 12 6	
„ 6 pairs moleskin trousers, at 3s. 6d.		1 1 0	
„ 68 pairs tweed and cricket do. at 3s. 6d.		11 18 0	
„ 488 flannels, at 1s.	. . . .	24 8 0	
„ 593 pairs drawers, at 1s.	. . . .	29 13 0	
„ 222 bonnets, at 6d.	. . . .	5 11 0	
„ 2 bed quilts, at 5s. 6d.	. . . .	0 11 0	
„ 24 stocks, at 6d.	. . . .	0 12 0	
„ 2 tweed coats, at 8s.	. . . .	0 16 0	
„ 4 flannel jackets, at 3s.	. . . .	0 12 0	
„ 5 suits overalls, at 5s. 6d.	. . . .	1 7 6	
„ 2 quilted dresses, at 5s.	. . . .	0 10 0	
„ 4 linen jackets, at 3s. 6d.	. . . .	0 14 0	
Repairs (including carpets making)	. . . .	139 5 4	
		<hr/>	£281 17 4

II. SHOEMAKERS.

Making 63 pairs men's boots, at 5s. 6d.	. . . .	£17 6 6	
„ 123 „ women's shoes, at 3s.	. . . .	18 9 0	
„ 3 „ locked boots, at 3s. 6d.	. . . .	0 10 6	
„ 2 „ ladies' kid boots, at 5s.	. . . .	0 10 0	
„ 123 „ braces at 4d.	. . . .	2 1 0	
„ 30 key belts, at 3d.	. . . .	0 7 6	
Repairing men and women's boots and shoes	. . . .	79 5 0	
		<hr/>	118 9 6
	Carry forward		<hr/> £400 6 10

Brought forward £400 6 10

III. ENGINEERS AND BLACKSMITHS.

Amount of engineer and blacksmith work for Western Department	£101 9 8		
Do. do. for Eastern Department	20 19 10		
Do. do. for workshops and garden	42 13 9		
	<hr/>	165	3 3

IV. UPHOLSTERERS.

Amount of general upholstery work and repairs for Western Department	£75 11 6		
Do. do. for Eastern Department	46 10 7		
	<hr/>	122	2 1

V. PRINTERS.

Amount of printer work for East and West Departments,	141 19 0
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VI. PLUMBERS, GASFITTERS, AND TINSMITHS.

Plumber, gasfitter, and tinsmith work for Western Department	£136 2 3		
Do. do. for Eastern Department	40 2 6		
Tin goods made for store	17 7 4		
	<hr/>	193	12 1

VII. CARPENTERS.

Amount of general cabinet and joiner work, repairs to fabric and furniture, &c., for Western Department	£216 6 6		
Do. do. for workshops and garden implements	17 4 8		
Do. do. for Eastern Department	80 9 2		
Do. do. for miscellaneous buildings	3 17 6		
Amount for Coffins	0 12 6		
	<hr/>	318	10 4

VIII. MASONS, GLAZIERS, PLASTERERS, AND SLATERS.

Mason, glazier, plasterer, and slater work in Western Department	£94 4 5		
Do. do. in Eastern Department	65 11 3		
	<hr/>	159	15 8
		<hr/>	£1,501 9 3

JAMES C. GRAY, *House Steward.*

Articles Made by Females in Western Department.

	£	s.	d.		£	s.	d.
325 Gingham, print, and winey dresses at 3s 0d	48	15	0	Brought forward,	183	3	7
54 Linen check dresses 2s 6d	6	15	0	98 Counterpanes . at 0s 1d	0	8	2
37 Stuff dresses . . . 5s 6d	10	3	6	282 Pairs blankets hemd. and marked . . . 0s 4d	4	14	0
42 Uniform dresses . . . 6s 0d	12	12	0	104 Bed covers do. do. 0s 3d	1	6	0
434 Cotton chemises . . . 0s 4d	7	4	8	458 Pairs stockgs. knit. . . 0s 9d	17	3	6
64 Do. do. fine 0s 6d	1	12	0	217 Pairs socks do. . . 0s 6d	5	8	6
248 Bed-gowns . . . 0s 4d	4	2	8	216 Pairs stockings refooted . . . 0s 6d	5	8	0
36 Long bed-gowns . . . 0s 10d	1	10	0	172 Pairs socks do. . . 0s 4d	2	17	4
63 Caps . . . 0s 3d	0	15	9	178 Pillow cases . . . 0s 1d	0	14	10
13 Do. woollen . . . 0s 4d	0	4	4	16 Bolsters do. . . 0s 2d	0	2	8
54 Uniform caps . . . 0s 4d	0	18	0	40 Window blinds . . . 0s 4d	0	13	4
68 Collarettes . . . 0s 4d	1	2	8	9 Set window curtains 1s 0d	0	9	0
198 Bonnets and hats trimmed . . . 0s 9d	7	8	6	2 Sets bed curtains. . . 1s 0d	0	2	0
58 Pairs drawers . . . 0s 3d	0	14	6	3 Window vallances . . . 1s 0d	0	3	0
22 Slip bodices . . . 0s 3d	0	5	6	3 Couch covers . . . 1s 0d	0	3	0
58 Flannel petticoats . . . 0s 5d	1	4	2	6 Easy-chair covers . . . 0s 6d	0	3	0
356 Coloured do. . . 0s 3d	4	9	0	124 Pairs shoes bound . . . 0s 2d	1	0	8
383 Plaiding do. . . 0s 3d	4	15	9	56 Shrouds made . . . 0s 6d	1	8	0
379 Striped shirts . . . 0s 8d	12	12	8	40 Muslin screens . . . 0s 1½d	0	5	0
41 Night do. . . 0s 10d	1	14	2	24 Table covers . . . 0s 1d	0	2	0
12 Woollen do. . . 1s 0d	0	12	0	109 Mattresses . . . 1s 0d	5	9	0
960 Men's flan. jackets and drawers . . . 0s 6d	24	0	0	97 Palliasses . . . 1s 0d	4	17	0
1686 Linen sheets . . . 0s 1d	7	0	6	60 Straw bags . . . 0s 6d	1	10	0
200 Cotton do. . . 0s 1d	0	16	8	2 Sofa slips . . . 1s 0d	0	2	0
1176 Pillow slips . . . 0s 1d	4	18	0	34 Knitted cravats . . . 0s 4d	0	11	4
16 Bolster do. . . 0s 1d	0	1	4	134 Store and Tea bags . . . 0s 0½d	0	5	7
776 Roller towels . . . 0s 0½d	1	12	4	90 Bibs . . . 0s 1d	0	7	6
224 Hand do. . . 0s 0½d	0	9	4	28 Table napkins . . . 0s 0½d	0	1	2
266 Men's dowlas aprons 0s 5d	5	10	10	90 Toilet covers . . . 0s 1d	0	7	6
288 Women's do. do. 0s 4d	4	16	0	42 Blankets quilted . . . 2s 6d	5	5	0
248 Check aprons . . . 0s 1d	1	0	8	70 Night dress bags . . . 0s 2d	0	11	8
98 Print do. . . 0s 2d	0	16	4	1800 Shawls, flannels, and stockings marked . . . 0s 0¼d	1	17	6
348 Pinafores . . . 0s 1½d	2	3	6	300 Dusters . . . 0s 0¼d	0	6	3
75 Table cloths . . . 0s 1d	0	6	3				
Carry forward,	£183	3	7		£247	7	1

Articles Repaired by Females in Western Department.

	£	s.	d.		£	s.	d.
2564 White & regatta shirts at 1d	10	13	8	Brought forward	156	10	5
4160 Striped shirts . . . 1d	17	6	8	320 Table cloths . at 1d	1	6	8
1294 Woollen do. . . 1d	5	7	10	346 Dowlas aprons . . . 1d	1	8	10
4060 Night do. . . 1d	16	18	4	484 Pairs blankets . . . 1d	2	0	4
3485 Pairs woollen drawers 1d	14	10	5	260 Counterpanes . . . 1d	1	1	8
3378 Woollen jackets . . . 1d	14	1	6	286 Bed covers . . . 1d	1	3	10
2704 Cotton chemises . . . 1d	11	5	4	98 Slip bodices . . . 1d	0	8	2
1226 Flannel do. . . 1d	5	2	2	230 Pinafores . . . 0½d	0	9	7
3644 Plaiding petticoats . . . 1d	15	3	8	280 Check aprons . . . 0½d	0	11	8
372 Flannel do. . . 1d	1	11	0	184 Pairs cuffs . . . 0½d	0	7	8
1284 Upper do. . . 1d	5	7	0	244 Collars . . . 0½d	0	10	2
1076 Bed-gowns . . . 1d	4	9	8	16,882 Pairs socks . . . 0½d	35	3	5
270 Pairs cotton drawers . . . 1d	1	2	6	6,874 Pairs stockings . . . 0½d	14	6	5
766 Gowns . . . 1d	3	3	10	220 Roller and hand towels . . . 0½d	0	9	2
4198 Sheets . . . 1d	17	9	10				
3084 Pillow slips . . . 1d	12	17	0				
Carry forward,	£156	10	5		£215	18	0

MRS MACDOUGALL, *Matron.*

Articles Made by Females in Eastern Department.

15 Shawls.	35 Worsted work.	250 Dusters.
14 Chemises.	60 Knitting.	8 Sofa covers.
10 Pairs drawers.	40 Trimming sewed.	20 Chair do.
12 Coloured petticoats.	55 Netting.	27 Table cloths.
18 Flannel do.	45 Crotchet.	6 Tray do.
60 Pairs worsted stockings.	24 Towels.	12 Table napkins.
200 Aprons.	16 Muslin window blinds.	12 Pairs blankets.
20 Pairs slippers sewed.	250 Yards Tatting.	300 Sundries.

Articles Repaired by Females in Eastern Department.

70 Gowns.	2500 Pairs socks.	55 Quilts.
10 Shawls.	315 Flannel shirts.	12 Pairs blankets.
220 Night gowns.	140 Aprons.	215 Pillow slips.
235 Chemises.	15 Pocket handkerchiefs.	85 Towels.
240 Pairs drawers.	100 Slip bodices.	10 Sofa covers.
6 White petticoats.	15 Pairs stays.	20 Chair do.
45 Coloured do.	70 Collars.	30 Table cloths.
50 Flannel do.	55 Linen sleeves.	40 Toilet covers.
130 Flannel underdresses.	30 Knitting.	50 Table napkins.
3000 Pairs worsted stockings.	35 Crotchet.	200 Sundries.
60 Pairs cotton stockings.	450 Shirts.	

A. E. PETER *Matron.*